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**“It’s hard being a young parent, it’s even harder being
a young Māori parent”**

Young Māori parents’ experiences of raising a family

A thesis presented in partial fulfilment of the requirements for the
degree of
Doctor of Philosophy
in
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New Zealand.

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Abstract

Young Māori parents play a significant part in growing the indigenous population of Aotearoa New Zealand and helping to raise the country's future. Despite Māori only being about 15 percent of New Zealand's total population, about half of all young parents in this country are Māori. While parents at any age may require support, being young and Māori while also needing support may present additional challenges. The disproportionate representation of young parents and of Māori in socioeconomic disadvantage has dual implications. These disparities fuel a deficit understanding of early parenting, indigeneity, and requiring assistance. The ongoing impacts of colonisation and racism further exacerbate these disparities and marginalise Māori.

This research examines the historical, cultural, political and social contexts that influence early parenting for Māori. Key principles of Māori research, oral traditions and narrative inquiry were employed to explore the distinct experiences of young Māori parents. Māori principles were implemented throughout all of the research process; in the design, methodology and organisation of the research. A Māori narrative approach was developed to gather, present and analyse the perspectives of 19 young Māori parents from the Manawatū, New Zealand about support during pregnancy, birth and parenting. Their stories were examined using a Māori analytical framework. This approach identified interrelated layers of *kōrero* (story) that revealed how young Māori parents construct their own changing identity and contextualise their stories within significant relationships, a Māori worldview, and society. A cross-examination of their *kōrero* revealed that their experiences were also shaped by what it means to be a young person, a young parent, Māori and from disadvantage. This Māori narrative approach revealed a more complex and nuanced understanding of the interrelatedness and influence of societal expectations, indigeneity, Māori culture and *whānau*, on personal experience.

The findings of the research demonstrate that support for young Māori parents in Aotearoa New Zealand is constrained by prevailing and intersecting ideas about being young, early childbearing, Māori identity and receiving welfare. For example, young Māori women are framed as more likely to become pregnant at a young age, have their education disrupted, require welfare assistance, and pass on socioeconomic disadvantage to their children. This deficit perception of their parenting potential is perpetuated in many different ways in society. This stigma and stereotyping has real consequences for the way young Māori parents construe their experience of parenting and how they are supported. This thesis discusses the consequences of deficit-based research, government rationalities for welfare provision, and the potential role of *whānau*.

The *kōrero* from the young Māori parents resisted the assumptions that having a child at a young age and being Māori contribute to negative outcomes. As Māori they could draw

on counter narratives about early parenting that may not be available to non-Māori. Māori understandings of reproduction, raising children and whānau celebrate a new baby as an extension of whakapapa (genealogy) and do not necessarily frame the age of the parents as an issue. However, young Māori parents also felt that taking up a Māori identity meant that their parenting was subject to increased scrutiny and there was added pressure to prove themselves as competent parents. Young Māori parents continuously navigate the tension between Māori beliefs and societal expectations in their own accounts of raising children. Whilst dominant narratives constrain whether they are treated as a suitable parent, Te Ao Māori beliefs help them to feel valued in their role as whakapapa nurturers and contributing whānau members.

Support for young Māori parents would be helped by the authentic promotion of Māori knowledge, practices, language, identity and experiences associated with pregnancy, birth and parenting guaranteed in Te Tiriti o Waitangi and the United Nations Declaration of the Rights of Indigenous Peoples. Privileging the lived experiences of young Māori parents, such as those included in this thesis helps to critically deconstruct the negative assumptions about young parents and Māori, particularly those who are overrepresented in requiring assistance. The findings of this research are relevant to all people responsible for the outcomes of young Māori parents and will help to inform better research, policy and practice. Government, community, health and supporting professionals, iwi, and whānau all have important roles in supporting young Māori parents to develop positive identities, to reach full potential and to raise their children.

Karakia

Ko Ranginui e tū iho nei
Ko Papatūānuku e takoto ake nei
Ka puta ki te whai ao, ki te ao mārama
Ngā tamariki Te Kāhui Atua
Mai i te onetapu i Kurawaka
Ko Hineahuone
Ko Hine-Tītama
Ko Hinenuitēpō
Nā Hineteiwaiwa te takapau wharanui kia puta te pā harakeke
Ko Te Whare Tapu o te tangata
Te pito mata ki te pito ora
E puta ake ana a Puanga te tohu o te ora
Tīhei mauri ora!¹

Sky father protects us from above
Earth mother nurtures us from below
Brought forth into the world of light, the world of knowing.
Their children, our spiritual guardians
Formed from the sacred clay of the feminine
Hineahuone First Maiden
Hine-Tītama Dawn Maiden
Hinenuitēpō Maiden of the underworld
From Hineteiwaiwa maiden of reproduction and weaving is the woven birthing mat on
which legacies are conceived and brought forth
The sacred house for nurturing humankind
The fruition of our potential
The Rigel Star rises to welcome in the New Year as a sign of good health
Breathe the breath of life.²

¹ English translations are provided in brackets after each Māori word, phrase or verse.

² I composed this karakia (incantation) about childrearing during my studies to help protect and guide my work to fruition.

He mihi

He mea hanga tēnei tōku whare
Ko Ranginui e titiro iho nei te tuanui
Ko Papatūānuku te paparahi
Ko ngā maunga ngā poupou
Pūhanga Tohorā titiro ki Te Ramaroa
Te Ramaroa titiro ki Whiria
Ko te paiaka o te riri, te kawa o Rāhiri
Whiria titiro ki Panguru ki Papata, te rākau e tū papata ki Te Tai Hauāuru
Panguru–Papata titiro ki Maunga Taniwha-whakarongorua
Maungataniwha titiro ki Tokerau
Tokerau titiro ki Rākaumangamanga
Rākaumangamanga titiro ki Manaia
Manaia titiro ki Tūtāmoe
Tūtāmoe titiro ki Maunganui
Maunganui titiro ki Pūhanga Tohorā
Ko tēnei te whare tapu o Ngāpuhi-nuitonu³.

He uri o Rāhiri, arā, nō Ngāpuhi nui tonu
Ko Ngāti Hineira te hapū
Ko Ngātokimatawhaorua te waka
Ko Pukenui te maunga
Ko Te Ahuahu te wāhi tapu
Ko Ōmāpere te roto
Ko Waitangi te awa
Ko Rawhitiroa te marae
Nei rā a Felicity Ware e mihi nei.

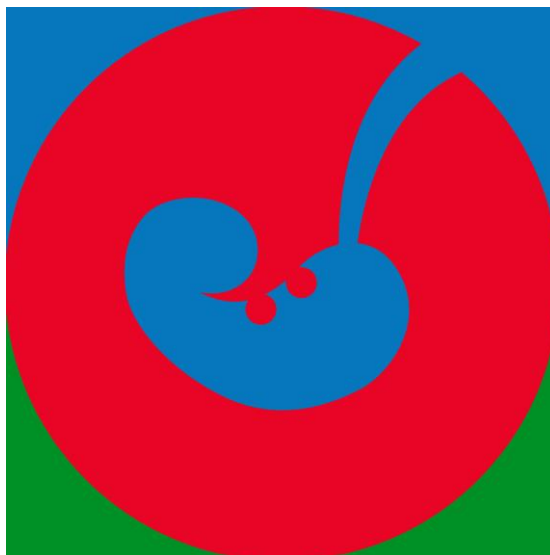
Me mihi ki tōku whānau, āku tamariki – Kahuraki, Manea koutou ko Aniva, taku hoa tāne Tanu. Ahakoa ngā piki me ngā heke me te roa o tēnei whāinga, kua tutuki, kua ea, ā, ka wātea a māāmā! Ki ngā mātua taiohi me ā koutou tamariki, i whakaae, i whai wāhi ki tēnei rangahau, tēnā koutou. Te tūmanako nei kua whai hua mō te katoa. Ki ōku kaiarahi a

³ English translation: A house is constructed thus, The sky father is the roof, The earth mother is the floor, The mountains are the posts, Pūhanga Tohorā faces Te Ramaroa, Te Ramaroa faces Whiria, The taproot of strife, the custom of Rāhiri, Whiria faces Panguru-Papata, the trees bent by the western wind, Panguru-Papata faces Maungataniwha that hears, both the eastern and western coasts, Maunga Taniwha faces Tokerau, Tokerau faces Rākaumangamanga, Rākaumangamanga faces Manaia, Manaia faces Tūtāmoe, Tūtāmoe faces Maunganui, Maunganui faces Pūhanga Tohorā, This is the sacred house of everlasting Ngāpuhi.

Associate Professor Mary Breheny, Associate Professor Margaret Forster, koutou kua arahi nei i ahau a Professor Te Kani Kingi, Professor Cindy Kiro, tēnā koutou mō ngā kōrero akiaki. Ki ōku hoa, ōku hoa mahi o Te Pūtahi a Toi, o Te Kūnenga ki Pūrehuroa, Te Ohu Kairangi, MAI, Mokopuna Ora, tēnei koutou katoa mō te manaaki. Tēnā koutou ko Health Research Council, Ngā Pae o Te Māramatanga, me New Horizon for Women Trust mō te pūtea tautoko (Māori doctoral scholarship, Wahine Ora Research award, Māori Doctoral completion scholarship).

Tohu

The design below was created by my partner Tanu Aumua to represent some of the findings of the research. The tohu has since been gifted to the Mokopuna Ora Collective to continue to promote the learnings encapsulated. The image is of a whare tangata (womb). There is a pēpi in the middle of the picture, surrounded by the womb. The blue encompassing figure above represents Ranginui (sky father), and the green surrounding figure below represents Papatūānuku (earth mother). The womb is red to represent the mana and tapu associated with pregnancy and tamariki. The image also represents the creation story of the separation of Ranginui and Papatūānuku. Tānemahuta is lying on his back resting on Papatūānuku pushing his legs up against Ranginui and separating his parents.



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Nā te kune te pupuke
Nā te pupuke te hihiri
Nā te hihiri te mahara
Nā te mahara te hinengaro
Nā te hinengaro te manako
Ka hua te wānanga⁴

This recitation is part of a karakia (incantation) about the development and dissemination of knowledge. It provides spiritual guidance for the ensuing discussion about supports for young Māori⁵ parents. Knowledge is described as originating from an initial inclination, which is developed and moulded as it becomes conscious thought and thus becomes greater learning. Karakia evoke certain atua (primal energy sources) and their manifestations to ensure safe engagement in an activity. In the karakia above, hinengaro (consciousness) and different manifestations of knowing are evoked. Reciting karakia is a culturally appropriate process for acknowledging the significance of any activity and dedication of people, time and space.

Te Kore: The Potential

Ko Te Kore (the void, energy, nothingness, potential)
Te Kore-te-whiwhia (the void in which nothing is possessed)
Te Kore-te-rawea (the void in which nothing is felt)
Te Kore-i-ai (the void with nothing in union)
Te Kore-te-wiwia (the space without boundaries)

From a Māori worldview, Te Kore is the primal source of existence. All things originate from, and can be traced back to, Te Kore. Te Kore has many progressive realms. Reciting the different realms of Te Kore acknowledges the development of potential. This pattern of reciting each consecutive layer of evolutionary development is represented as whakapapa (genealogy). As the primary organising principle for a Māori worldview, whakapapa is utilised to help illustrate the source of Māori understandings. It is appropriate

⁴ English translation: From the conception the increase, from the increase the thought, from the thought the remembrance, from the remembrance the consciousness, from the consciousness the desire, knowledge became fruitful. As cited in Anne Salmond, *Two worlds: first meetings between Māori and Europeans*, 1642–1772. Auckland: Viking, 1991, pp. 171–172.

⁵ Māori refers to a multiplicity of identities that constitute the indigenous population of people, iwi, hapū and whānau who occupied Aotearoa New Zealand prior to the arrival of Europeans and continue to occupy. Another term more commonly used within Aotearoa is tangata whenua which literally translates as people of and from the land.

to begin this thesis by acknowledging the foundation of all Māori understandings, including the ideas put forth in this study. Te Kore is the first of three key phases of creation: Te Kore (The Many Realms of Unorganised Potential), Te Pō (The Many Realms of Night/becoming), and Te Ao Mārama (The Many Realms of Light/known). These phases are the creation narrative. Within this narrative are Ranginui and Papatūānuku, the primal parents and the first example of a whānau (to be born or family group) presented below.

Te Ōrokohanga o Te Ao: The Creation of The Universe

Te Kore (The Many Realms of Unorganised Potential)

|

Te Pō (The Many Realms of Night/becoming)

|

Ranginui - Papatūānuku

(The Sky Father) (The Earth Mother)

|

Tangaroa (atua (primal energy source) of the seas, rivers, lakes and all the life within them)

Tāwhirimātea (atua of the winds and of storms)

Tānemahuta (atua of the forest and all that dwell within them, especially the birds)

Rongomatāne (atua of the kumara and all cultivated foods. Also the atua of peace)

Haumiatiketike (atua of wild food)

Tūmatauenga (atua of war)

Whiro (atua of evil)

Rūaumoko (atua of earthquakes and volcanoes)

Plus many more tamariki (children)

|

Te Ao Mārama (The Many Realms of Light/known)⁶

This whakapapa sequence locates key actors within the three phases of the creation narrative. It provides a means to understand roles, responsibilities and key Māori concepts that influence parenting. Narratives about the creation of the world acknowledge significant historical happenings that explain the worldview and key concepts for the people who continue to recite and re-enact these narratives to future generations (Royal, 2005). For

⁶ as cited by Māori ethnologist and authority Sir Te Rangi Hīroa Peter Buck first published in 1949. He provides an early Māori account of the creation narratives.

Māori, narratives or *kōrero* *tuku iho*, *kōrero* *tawhito*, *pūrākau*, *pakiwaitara*, record the origin of Māori knowledge and practices. Narratives describe significant roles and relationships, values, and culturally appropriate (*tika*) processes of a Māori worldview. The most important narratives explain how nothing became something, darkness became light, the first male and female element were created, and how earth and sky were separated. Narratives about the forces of the natural world, the origin of life, the nature of being human, and about migration and settlement are also important. Apart from some of the key common concepts demonstrated within the narratives, there is considerable diversity among various tribal versions.

For Māori, accounts of the creation usually begin with *Te Kore* (nothingness, chaos, the void, without sound, light or movement, where there was potential but as yet no life), the first of three phases of existence. It then proceeds with *Te Pō* (the nights), the second phase which is the celestial realm and domain of the *atua* and the source of *mana* (spiritual vitality) and *tapu* (potential). *Te Pō* is also a symbolic gathering place of the dead and is frequently referred to in *whaikōrero* (formal speech). The final phase *Te Ao Mārama* (the world of light), is the abode of human beings and is the result of *Ranginui* (male element) and *Papatūānuku* (female element) conceiving and then being separated by their developing *tamariki*. Each phase had numerous and progressive phases within them. These phases of the creation story are also represented in the process of reproduction (Mikaere, 2003). *Te Kore* refers to the potential of *te whare tapu o te tangata* (womb, house of humanity) to reproduce. *Te Pō* includes the act of reproduction, the growth and development of a baby and the labour and birth process of leaving the womb. *Te Ao Mārama* refers to the birth of the baby into the world of light. These narratives provide an interpretative frame for understanding parenting and raising children. The creation story and phases of development have been used to frame the progression of ideas and overall structure of the thesis.

Thesis Structure

The *mauri* (essence) of this thesis comes from the young Māori parents who contributed and is further strengthened with positive affirmations from *Te Ao Māori* (a Māori worldview). *Mauri* is the vital essence and is present in all things both animate and inanimate. *Mauri* binds all things to each other such as people, objects, and ecosystems (Henare, 2001). The state of the *mauri* of an object or entity indicates its vitality. An elevation of *mauri* in one realm (for example within people) also positively effects the *mauri* of everything surrounding. Endeavours to positively affect or grow something focus on developing, nurturing and protecting its *mauri* (Durie, 2001).

The thesis structure is aligned with the foregrounding creation narrative of Te ōrokohanga o te ao and is distinguished into four sections: Te Kore, Te Pō, Ko Rangi rāua ko Papa and Te Ao Mārama. The first section Te Kore (the potential) sets the foundation for the consideration of experiences of young Māori parents. It includes the cultural, historical, social and political contexts that influence how young Māori are supported to parent (or not). It begins by linking young Māori parents to their godly ancestors with a Māori creation narrative that includes the first whānau; Ranginui, Papatūānuku and their tamariki. It explains some Māori concepts derived from the narrative that are relevant to raising children as well as some practices associated with pregnancy, birth and parenting.

Following is an introduction to the research project, its aims and objectives. It explains kaupapa Māori principles relevant to this research with young Māori parents. These principles help to position Māori knowledge, practices, experiences and aspirations as central in the approach, practice and organisation of the research. Some of the non-Māori methods employed in this research are also discussed. The right of young Māori parents to Māori knowledge about how to care for children as well as to receive support to do this is contextualised within local and indigenous rights. Key issues relevant to research with young Māori parents are discussed, including historical and current government activities that have impacted on early parenting for Māori. Examples of current practices associating with parenting that align with a Māori worldview and could potentially support young Māori parents are also discussed. I also explain my motivation for undertaking this study. Lastly, analysis of a New Zealand government policy and underlying assumptions that shape the way welfare support is provided to young Māori parents is included.

The second section Te Pō (the becoming) explains the methodology used to elicit the experiences of 20 young Māori parents about support during pregnancy, birth and parenting. In exploring Māori research and youth research approaches, the cultural and social preferences of the participants become paramount. This includes being whānau-centred, employing tikanga (Māori values) as a guiding tool, developing a new research method called kaupapa kōrero and utilising whanaungatanga as the recruitment process. The ethical considerations for working with young Māori parents are also discussed.

The third section Ko Rangi rāua ko Papa (Young Māori parent narratives) focuses on the mauri (essence) of the young Māori parents. It presents selected kōrero from some of the participants. These were selected based on being able to illustrate distinct experiences and presented as a whole account in their own words.

The fourth section Te Ao Mārama (the knowing) analyses the findings. It integrates the voice of the participants with the literature. It draws on research, policy, theory and the experiences of the participants to identify the key issues and challenges for young Māori

parents and strategies to overcome these. It summarises the main findings of the thesis and provides recommendations for providing support to young Māori parents. These recommendations have implications for theory, policy, practice and future research with young Māori parents and the wider contexts of Māori identity, parenting and youth development.

Of the thirteen chapters, three (Chapters 3, 6 & 10) have been published, and one has been submitted for publication (Chapter 11). Parts of chapter 1 and 2 have also been published in a single journal article. Parts of Chapter 3 have also been published as a book chapter. The author maintains the copyright for all publications. The statement of contribution for a doctorate with publications for all six publications are included as an appendix at the end of the thesis (see appendices B-G). All six publications were written according to the journal or book styles they were submitted to and represent my thinking at the time with the available literature. All chapters have been presented in the thesis formatted to the same style. Published chapters have therefore been altered to improve the flow of the thesis. Some published chapters have an introductory section that link them more clearly into the thesis.

The first article 'Whānau kōpepe: a culturally appropriate and family focused approach to support for young Māori (indigenous) parents' was published in the Journal of Indigenous Social Development. It was written in my first provisional year of enrolment in 2013 and before much of the recent proliferation of literature on Māori maternities, Māori childrearing, and young Māori parenting was available. It represents my initial thoughts and approach to the research as presented at the Second International Indigenous Voices in Social Work Conference in Winnipeg, Manitoba, Canada, July 2013.

The second article 'The politics of government 'support' in New Zealand: reinforcing and reproducing the poor citizenship of young Māori parents' was published in 2016 in the journal Critical Social Policy. It applied a Foucauldian analysis to the then newly introduced Young Parent Payment to examine the political rationalities that shape government responses and welfare assistance for young parents in Aotearoa/New Zealand. The ideas that informed this article were initially presented at the New Zealand Political Studies Association conference, in Palmerston North, New Zealand in 2015. The arguments from this article were further shaped into the submission to the draft Youth Service information sharing agreement in 2016. The key arguments were also reproduced in the chapter 'Reproducing the precarious position of young Māori mothers in Aotearoa/New Zealand' in the book *Precarity: Uncertain, insecure and unequal lives in Aotearoa New Zealand* (2017). Although the current Labour Greens Coalition Government have conducted a major review of the New Zealand Welfare system and begun to remove some of benefit conditions for

older welfare recipients, the Young Parent Payment and all compulsory obligations have not been altered.

The third article 'Kaupapa Kōrero: a Māori approach to narrative inquiry' was published in *AlterNative: An International Journal of Indigenous Peoples* in 2017. It detailed a Māori relational analytical framework employed to understand the kōrero of the young Māori parents. It revealed a more complex and nuanced understanding of the interrelatedness and influence of societal expectations, indigeneity, Māori culture and whānau. An initial draft of this paper was presented at the Ngā Pae o te Māramatanga International Indigenous Research Conference, November 2016, Auckland, New Zealand.

The fourth article 'Mana whānau: Support for young indigenous parents in Aotearoa New Zealand' has been submitted to the international journal *Culture, Health & Sexuality*. It discusses how young Māori parents' experiences of support are shaped by societal representations of what it means to be a young person, a young parent, Māori, and requiring assistance. Parts of this article were presented at the Native American and Indigenous Studies Association Conference, Honolulu New Zealand, May 2016 and the Mana Ririki Kaupapa Māori Parenting Conference, Rotorua New Zealand, August 2016.

The last article 'Mana mātua: Being young Māori parents' was published online in *MAI: A New Zealand Journal of Indigenous Scholarship* in 2017. It discussed the findings of how young Māori parents navigate western parenting expectations, and issues of indigeneity in their construction of early parenting. The key arguments of this article were developed through presentations at the Māori Association of Social Sciences Conference, Wellington New Zealand, November 2016, and He Manawa Whenua Indigenous Research Conference, Hamilton New Zealand, March 2017.

Hei Tīmatanga: Chapter One. A Māori Narrative of Raising Children

Significant parts of the following two chapters constituted an early article about initial considerations of doing research with young Māori parents and was published as:

Ware, F.J.R (2014). Whānau kōpepe: A culturally appropriate and family focused approach to support for young Māori (Indigenous) parents. *Journal of Indigenous Social Development*, 3 (2). <http://hdl.handle.net/10125/34479>

Te Whānau Tuatahi: Rangi, Papa and Their Tamariki

Ko te aroha te taonga i kumea mai

A Ranginui rāua ko Papatuanuku

I roto i te Pō-uriuri.
Ko te aroha hoki te taonga i tiaho ai
He māramatanga
I tū ai Te Ao Mārama
Tokona ana a Ranginui ki runga
Takoto ana a Papatuanuku ki raro
Tū ana Te Ao Mārama.
Ōna poutokomanawa
He Pou-toko-huru-rangi
He Pou-toko-huru-nuku
He Pou-toko-huru-mawake
He Pou-toko-huru-ātea
He Pou-toko-manawa-o-rangi
He Pou-tua-rongo
Tū Te Pō
Tū Te Ao
Tū ka maranga
Ki Te Whaiao,
Ki Te Ao Mārama.
Tīhē mauriora! (Royal, 2008; 5)

The karakia above is about the separation of the primal parents Papatūānuku and Ranginui and how aroha (unconditional love) for each other and for their children enables the world of light and provides the foundation for living. For Māori in Aotearoa New Zealand, the narrative of the creation of the world and the primal family (Ranginui and Papatūānuku) provides a Māori perspective of procreation (Jenkins & Harte, 2011; Kiro, 2012; Morehu, 2005; Palmer, 2002; Tupara, 2011). Through our understanding of the narrative of creation we can better understand the ways that family patterns and practices are enacted among young people today. The following is my own brief and generic summary of the Rangi and Papa narrative. There are however many tribal variations with much more detail.

From the darkness came Papatūānuku and Ranginui locked in a firm, loving embrace producing some seventy children. The children had to move between their parents in eternal darkness and ignorance and soon they yearned for space, light and knowledge. The children (except for Tāwhirimātea) held the first hui (meeting) to discuss and plot separating Papatūānuku and Ranginui. All failed until the task literally fell upon the shoulders of Tānemahuta (atua of the forests, birds, insects and animals) who successfully pushed his parents apart with his legs letting in light and initiating the next phase of creation. After

Ranginui and Papatūānuku were parted, the universe was created. Most of the children remained with Papatūānuku who continues to provide nourishment and nurture all those that live on and in the earth. Ranginui protects from above and looks after all those that reside above the earth. This narrative explains the origins of the first whānau structure, the roles and responsibilities of each member, particularly the parents, and key Māori concepts associated with raising tamariki. The features and characteristics of whānau are explained in more detail in the following sections.

Whānau, Hapū, Iwi, Whanaungatanga, Whenua

The narrative of Ranginui, Papatūānuku and their tamariki exemplifies the first whānau. Whānau which means to be born or family group (Williams, 2004, p. 483) is the basic unit of Māori society into which an individual is born and socialised (Metge, 1995). A child inherits whakapapa at birth through their parents which provides them access to, membership of and determines one's role and responsibilities within the whānau, hapū (subtribe), iwi (tribe), and community (Herewini, 2018; Lawson-Te Aho, 2010). The different social groupings also reflect the procreation process (Rimene et al., 1998). Iwi means tribe but more literally translates as bones or people. Hapū means subtribe as well as pregnant. Whānau refers to the family but also means to give birth. Whenua means both land and placenta/afterbirth. These dual meanings reinforce the kinship system that ensures individuals are connected to other people and to the environment.

Within the whānau of Rangi and Papa there are some significant roles and relationships. For example, Ranginui and Papatūānuku represent the two elements required for procreation, male and female. According to a Māori worldview, both men and women are involved in raising children. An early European observer of Māori, travelling painter George French Angas noted the following in 1847: "Both parents are almost idolatrously fond of their children; and the father frequently spends a considerable portion of his time nursing his infant, who nestles in his blanket, and is lulled to rest by some native song" (Angas, 1967; 313). Early settlers documented Māori childrearing practices with some interest. A critique of these observations is that they often interpreted what they saw or heard according to their own assumptions and worldview. They often compared what they documented with their own experience of childrearing in Europe in the 1800s. Key differences in how children were valued and treated and the role of parents and wider society in raising children were highlighted.

Men's and women's different parenting roles are evident in the whakataukī (Māori proverb) "He puta taua ki te tane, he whānau tamariki ki te wahine" (The battlefield for men,

childbirth for women) (Rimene et al., 1998; 28). Men are dispensable and so can be sacrificed in battle, whereas women are considered indispensable, as they are the bearers of all humans. The female womb is called “Te whare tapu o te tangata” (the house of humanity) (Rimene et al., 1998; 29). An interpretation of this whakataukī is that women’s primary role is to raise their child until they grow to maturity and independence (Barlow, 1991). Men are the protectors and providers and play an integral role in raising boys once they are weaned from their mothers.

Mātua refers to both parents (mother and father) (Williams, 2004) but there is no word or concept of parenting in the Māori language. There are many terms which can be used to describe childrearing such as to guard, keep, care for, nurse, look after and so forth but they do not necessarily assume or specify that the person involved in raising the child is a parent. There is also no distinct differentiation between biological parents and other adults who help to raise children. The many terms for mother are also used to refer to an aunty and to any older women who fulfils a nurturing role. The same applies to the many terms for father.

Care and mentoring roles are also important within generations and between peers. Tuakana refers to an older sibling or cousin of the same sex in an elder branch of the family (Williams, 2004) but has evolved to include a more senior person or generation in terms of status, knowledge, or experience. Teina refers to a younger sibling or cousin of the same sex in a junior branch of the family (Williams, 2004) and has also evolved to include a more junior person or generation in terms of status, knowledge, or experience. The concept of tuakana and teina refers to the mentoring or role modelling nature of relationships and encapsulates a sharing of knowledge and guidance within a symbiotic relationship (Mead, 2003). Tuakana are often charged with the responsibility to care for teina (Herewini, 2018).

Some other important roles within whānau include the pōtiki or the last or youngest sibling (Williams, 2004) who is often indulged and expected to rebel. Mātāmua refers to the first, or oldest sibling (Williams, 2004) and often has responsibility for teina and some authority. Tīpuna or grandparents (Williams, 2004) or those of that generation would often whāngai (adopt) the first grandchild, whose first-born status made it important that they be versed in tribal traditions and genealogies (Higgins & Meredith, 2013). This enabled the parents to pursue activities to provide for the family. As a result of this nurturing, grandparents were the first educators of the children, and in particular were responsible for imparting traditional knowledge to them.

Whāngai is often translated as to adopt or an adoptee (Higgins & Meredith, 2013) and also means to nourish or feed - food as well as knowledge or spirituality. It involves the giving of a child to another member of the family to raise. The intent of whāngai is embodied

in the saying “te parahako o te koekoeā” (like the egg of the long-tailed cuckoo which is placed in the nest of other birds to be raised). Traditionally the child may have been chosen by the relatives and raised to learn a body of knowledge that the relative is responsible for. In some cases, children were given to strengthen family ties or to those who could not have children, or who wanted more children. Whāngai (adoptees) maintained relationships with their biological (whakapapa) whānau as well as their whāngai (adopted) whānau.

As illustrated by these many significant roles and relationships, the members within a whānau and their wellbeing were interdependent with the collective. Children were seen as belonging to, and being the responsibility of, the wider collective (Herewini, 2018). The biological parents were not the sole caregivers. Bringing up children involved grandparents, great-uncles, great-aunts, uncles, aunts, and older siblings and cousins. This pattern of wider responsibility for the care of children was noted by early missionaries to Aotearoa/New Zealand:

Their love and attachment to children was very great, and that not merely to their own immediate offspring. They very commonly adopted children; indeed no man having a large family was ever allowed to bring them all up himself— uncles, aunts and cousins claimed and took them, often whether the parents were willing or not.
(William Colenso, 1868; p. 30 as cited in Taonui, 2010, p. 195).

This collective responsibility and these kinship ties ensured the safety and welfare of children, who were seen as representing the future heritage of the people.

There are many whakataukī (proverbs) that illustrate the role of the wider whānau or community in raising their young. For example, “matua pou where rokohia ana; matua tangata e kore e rokohia” (while the carved figures of the ancestral house are found, the human parent may not be) (Mead & Grove, 2007, p. 288). This saying means the tribe, as symbolized by the carved figures of ancestors, will always look after the child, even if the parent cannot be found. Parents were, however, to provide initial welfare and the other whānau members the refining skills for life. This is demonstrated in the saying “nāu i whatu te kahu, he tāniko tāku” (you the parents wove the cloak; I/we provide the fine border) (Mead & Grove, 2007, p. 319). Parents are responsible for providing the necessities such as breastfeeding while the surrounding whānau provided all the additional supports.

There are also sayings that celebrate the benefits for children of being raised by a wider social support network. “Ka mahi koe, e te tamariki moe porī” (well done, children who sleep near their relatives) and “matua rautia” (a child nurtured by many) commend multiple

positive attachments and access to a social support network with a range of expertise (Mead & Grove, 2007, pp. 391, 164, 288).

Whanaungatanga is a term used for maintaining relationships (Ngata, 1996: 397). It is derived from the root word whanau which means to lean on, be inclined towards or be supported by something or someone (Waka Reo – Wordstream Williams Corpus.14456). Whanaungatanga can reach beyond whakapapa and includes relationships with non-kin persons through shared experiences and a common cause. Individuals expect to be supported by these connections and the collective group depends on the support and participation of its individual members (Barlow, 1991; Mead, 2003). Groups who are not kin but are connected by whanaungatanga and united by a common goal are sometimes referred to as kaupapa whānau.

Māori Concepts Relevant to Raising Children

Some key Māori concepts that are relevant to raising children that emerge from the creation narrative are aroha, mana, and tapu. These concepts are briefly explored in this section to provide a deeper understanding of the norms and values that shape caregiving from a Māori perspective.

Aroha: Unconditional Love/Compassion

Aroha means unconditional love, affectionate regard and compassion (Williams, 2004, p.16). Love and commitment were the fundamental messages of Ranginui and Papatūānuku as parents (Jenkins & Harte, 2011; Kiro, 2012; Tupara, 2011). Even in their unwanted separation, they did not reprimand their children. The aroha and valued bond between mother and child are also illustrated in the whakataukī (proverb) “he aroha whaereere, he pōtiki piri poho” (a mother’s love, a breast-clinging child) (Taonui, 2010, p. 192).

Aroha is most important when a child has tested the boundaries. For example, the whakataukī “Ko te mahi a te tamariki, he wāwāhi tahā” (the activities of children break calabashes) reminds us that the nature of children is to explore their world and the objects in it (Taonui, 2010, p. 193). It is the responsibility of those raising the child to teach and not to respond to inquisitiveness with anger or punishment (Higgins & Meredith, 2013, p.1). An early European visitor to Aotearoa New Zealand noted the unconditional love he observed between fathers and their children and the lack of punishment:

The New Zealand father is devotedly fond of his children, they are his pride, his boast, and peculiar delight...The children are seldom or never punished...The father performs the duty of a nurse; and any foul action the embryo warrior may be guilty of, causes rather a smile than a tear from the devoted parent. The obstinacy of the children exceeds belief; the son of a chief is never chastised by his parent. (Polack, 1840 as cited in Taonui, 2010, p. 194).

Early observers of Māori society perceived Māori childrearing practices to be different to those of the western Christian concept of the child being an object of their parents, to be seen and not heard and disciplined as required (Jenkins & Harte, 2011). Aroha, as the ability to be empathetic is closely linked with a person's own sense of spiritual vitality or mana.

Mana: Spiritual Vitality

Mana is the influence, authority, prestige, integrity, and power attributed to a person (Williams, 2004, p. 172). The children of Ranginui and Papatūānuku, although embraced in a loving environment, still felt a need to develop their mana. Without this determination to explore their full potential, the next phase of creation would not have been initiated and we would not have the world we live in today (Jenkins & Harte, 2011).

While every individual inherits some form of mana at birth from their parents, ancestors (mana tupuna) and the atua (mana atua), it is also possible to increase a person's mana by virtue of their actions and how they are regarded by others as contributing to the collective over time (mana tangata) (Mead, 2003). Personal and group relationships are mediated and guided by the high value placed on mana (Barlow, 1991; Mead, 2003; Royal, 2005). Actions that diminish mana will have negative effects. For example, an unhappy child is perceived as diminishing the mana of the parents in the whakataukī "He tangi tō te tamariki, he whakamā tō te pakeke" (When the (naughty) child cries, the elder blushes) (Jenkins & Harte, 2011, p. 24). Mana can also be described as the creative and dynamic force that motivates the individual to do better for the greater good of the collective. For example, parents and those who were involved in raising children were motivated to teach and nurture the potential within children rather than punish and subdue them.

... with Māori a parent is seldom seen to chastise his child ... freedom given children, made them bold, brave and independent in thought and act ... curbing the will of the child by harsh means was thought to tame his spirit, and to check the free development of his

natural bravery. (Edward Shortland, 1980; 156 as cited in Taonui, 2010, p. 195)

The purposeful recognition of another's mana is encapsulated in the term manaaki to show respect or kindness to someone or something (Williams Dictionary, 2004). A person's mana is integral to their sense of sanctity or tapu.

Tapu and Noa: Protection From Atua

Tapu (sacred) refers to the spiritual state of someone or something that requires protection from atua and cautionary behaviour. Tapu also refers to the process by which the spiritual state of someone or something is affected (Mead, 2003). It originates from the realm of Te Pō with the first act of procreation between Ranginui and Papatūānuku. The tapu from that act has been inherited by all their children and passed down to all living things. Tapu is nurtured in te whare tapu o te tangata. A person's tapu, like mana, is inherited at birth through their parents (Jenkins & Harte, 2011). Everyone was required to protect their own tapu and respect the tapu of others.

To balance the effects of tapu, there is noa or being free from the restriction of tapu (Williams, 2004, p. 222). Noa (unrestricted) originates from the act of Tūmataunga (one of Rangi and Papa's children) consuming the offspring of his brothers' Haumiatiketike and Rongomatāne for food and using them as everyday materials. Consequently, food and water can be used to render something noa or no longer requiring protection from atua (Ministry of Justice, 2001).

Tapu and noa are the overarching principle of balance. Often ceremonies and karakia were carried out to invoke atua and imbue an object with tapu, remove it or make changes to an object, people or the environment (Mead, 2003). In the Māori world, virtually every activity, ceremonial or otherwise, has a link with the maintenance of and enhancement of mana and tapu. It is central to the integrity of the person and the group. For example, giving birth is considered tapu (Rimene et al., 1998) due to its re-enactment of the first act of procreation and imbuing mana and tapu.

Conclusion

In summary, an understanding of childrearing from a Māori worldview can be found in bodies of knowledge such as pūrākau, karakia, whakapapa, and whakataukī. Within these Māori constructs, the values of childrearing are illustrated. Some concepts that underpin childrearing from a Māori worldview are that children are by whakapapa an embodiment of

all the tapu and mana of those who have gone before and are treated with aroha. Children belong to the community as well as parents and therefore many people have responsibility for the well-being of the child. Everyone has a role in contributing to the development of the young (Ritchie & Ritchie, 1979). These Māori concepts underpin a range of pregnancy, birth and childrearing practices (Higgins & Meredith, 2013; Jenkins & Harte, 2011). For example, oriori are specific songs composed just for children and recited by whānau out of aroha for the child. Oriori often explain the child's whakapapa, invoke protection from atua and encourage the pursuit of mana enhancing activities.

An understanding of childrearing from a Māori worldview is necessary to comprehend the value of children for Māori society and the role of all in providing for and nurturing children to achieve their potential. Roles and responsibilities within the extended family provide significant support structures that support childbearing and larger families. Māori children and values about childrearing are key to a Māori worldview and lifestyle and are protected in national and international agreements. A Māori perspective of childrearing provides the foundation for an exploration of young Māori parents' experiences of support, introduced in the following chapter.

Chapter Two: Introduction to The Research

“Where there is little dedicated research related specifically to Māori and teenage pregnancy, generally there is even less where Māori ourselves explore the views of our communities on this matter.”
(Pihama, 2010; 1)

Introduction

Young Māori parents play a significant part in growing the indigenous population of Aotearoa New Zealand and helping to raise the country's future. Māori are the indigenous peoples of Aotearoa New Zealand who have occupied the country since around 1300 AD and for about 500 years before the arrival of Europeans. Māori made up 15 percent of New Zealand's total population in 2015 (Statistics New Zealand, 2015). This is predicted to increase to nearly 20 percent of the country's population in 2038, and nearly one-third of New Zealand's children (ibid). This growth is in part due to the younger age structure and higher birth rates of the Māori population. The total fertility rate for Māori women in 2014 was 2.5 compared with 1.9 for non-Māori women (ibid). Half the Māori population was under 24 years of age in 2015, compared with a median age of 40 years for the non-Māori population (ibid). Half of Māori women giving birth in 2003, were under the age of 25 compared to the median age of 30 years for non-Māori (Marie, Fergusson & Boden, 2011: pg. 2). Māori have more babies and at a younger age.

Although the number of teenage births continues to decline, New Zealand still has a higher rate of teenage births than other comparable countries (Families Commission, 2011). New Zealand's teenage birth rate in 2013 was 23.8 births per 1,000 women aged 15-19 years which is less than the United States of America and similar to the United Kingdom (SUPERU, 2015). Māori, similar to many other indigenous peoples, are significantly overrepresented among these teenage pregnancies (ibid). The Māori teenage birth rate in 2013 was more than double the non-Māori rate with 53.1 births per 1,000 women aged 15-19 years (ibid). This substantial proportion of young Māori who become parents means that early parenting is not necessarily unusual for Māori and may be more accepted.

Young Māori parents are distinguished by concurrent membership in at least three distinct groups. As Māori, they are an essential part of whānau, hapū, iwi and Māori communities. As youth, they share common characteristics and experiences with other young people. As parents, they play an important role in contributing to the health and

wellbeing of their children. Positively identifying their place within these groups can be challenging. The expectation is that young Māori parents will fulfil all these roles successfully in order to contribute to the health and wellbeing of their children, to Māori society and wider New Zealand society.

Parents at any age often require support to develop in their role as a parent. Being young and Māori while also needing support as a parent may have additional challenges. Young parents are more likely to be reliant on others, particularly for financial support. Māori may also require additional support as like many indigenous peoples, they are more likely to experience higher levels of deprivation and have worse health and social outcomes before becoming a parent (Strickett & Moewaka Barnes, 2012). While there are some formal provisions to address most socioeconomic needs of young parents in Aotearoa New Zealand (Adcock, Lawton & Cram, 2016), there is little known about how young Māori parents experience support and its effectiveness. Despite the significant proportion of young Māori parents, and the additional challenges confronting indigenous young parents, there is little formal support specifically for young Māori parents in Aotearoa New Zealand (Adcock, Lawton & Cram, 2016).

Government approaches to teen pregnancy and parenting in Aotearoa New Zealand generally seek to either prevent youth from becoming parents or mitigate the supposed negative influence of early childbearing on the children of young parents. While this approach may contribute to the decrease in teenage birth rates, there is little evidence that young Māori parents and their children are flourishing. Government rationalities are often based on dominant societal attitudes and research that define teenage pregnancy and parenting as a poor outcome of individual circumstance. The risks and outcomes associated with young Māori women and their babies are too often significantly and negatively over-represented (Makowharemahihhi et al, 2014) especially when compared to non-Māori. This deficit approach reinforces powerful discourses about early parenting and requiring support, particularly for young Māori, which constrain how health and supporting professionals, and wider society, respond to young Māori parents. Evidence suggests that these assumptions are ill-founded and only problematise and further hinder provision of appropriate support and services for young parents (Arai, 2009; Cherrington & Breheny, 2005; Harrison, Clarkin, Rohde, Worth, & Fleming, 2017).

To help explain the discrepancies between Māori and non-Māori and account for poorer outcomes for Māori (and other indigenous peoples) requires a critical examination of the broader historical, social, cultural, and structural determinants of early childbearing for Māori (Pihama, 2010; Strickett & Moewaka Barnes, 2012). Pihama (2010), in her literature review on Māori teen pregnancy, privileges Māori understandings about reproduction,

children and collective caregiving to suggest that early pregnancy may not necessarily be considered problematic for Māori. Strickett and Moewaka Barnes (2012) in their report on *Marginalising Māori Adolescent Parents* highlight another three key considerations. Firstly, there is a deficit approach to Māori ethnicity resulting from the over-representation of Māori in negative statistics. Secondly, Māori experience significant and disproportionate disadvantage and deprivation, before they become young parents. Lastly, the ongoing impacts of colonisation and racism further marginalise Māori and perpetuate these disparities. It is therefore important to consider the impacts of colonisation and continued racism, socioeconomic status and deficit theorising when examining young Māori parenting. It is also imperative to consider Māori understandings and potential benefits of early childbearing.

There is a small but growing body of literature about young Māori parents, mostly mothers, that seeks to broaden this deficit approach. Such research draws on Māori ideology about reproduction and childrearing, considers the broader contexts that structure the challenges of early parenting for Māori, and privileges the lived experiences of young Māori during pregnancy, birth and parenting (Adcock & Cram, 2018; Adcock, Cram, Lawton, 2019; Goodwin, 1996; Graham, 2018; Lawton, Cram, Makowharemahihi, Ngata, Robson, Brown & Campbell, 2013; Lawton, Makowharemahihi, Cram, Robson & Ngata, 2016; Makowharemahihi, Lawton, Cram, Ngata, Brown, Robson, 2014; Rawiri, 2007; Stevenson, Filoche, Cram & Lawton, 2017). This doctoral research adds to the literature about young Māori parents by including young fathers and focusing on parenting as opposed to just mothering. It also critically examines how government, societal and whānau constructions of early parenting shape young Māori parents' experiences of support. The findings of this research will be informative for policy, research and practice that affects young Māori parents.

Personal Motivation

I have always had a passion for Māori youth development. I completed a Master of Arts Māori Studies focusing on Māori youth development. This developed into an interest in support for young Māori parents when I gave birth to my first child and experienced first-hand the challenges of being a parent. I already knew how important positive development was during youthhood, but realised that young parents also face the challenge of being a parent and caring for their children at the same time. I grew up in a community where becoming a parent while young was considered reasonably normal and have many friends who became parents during our schooling years. Although I did not become a parent myself,

I have supported others to raise their children. This research is a testament to their experiences and my admiration of their strength in raising beautiful tamariki despite challenges of not being fully supported.

I believe that every person has the right to raise children regardless of age, ethnicity, marital status, income, or educational achievement. As such, my research on young Māori parents does not focus on ways to prevent early childbirth but how to prevent the injustices and disadvantages that shape the lives of many young Māori parents and their children. It is not my intention to further problematise or discuss blame of young parenthood or advocate becoming a parent while young. I am, however, questioning the prevailing attitudes about young parenthood and the supposed evidence that supports these assumptions. I am also urging a re-evaluation of our policies and funding that should address the disadvantage experienced by many young Māori and provide the support needed by young Māori parents, their children and whānau.

Research Objectives

This doctoral research examines the question: “What are the experiences of support of young Māori parents during pregnancy, birth and parenting”? The primary aim of the study is to privilege the realities of being parents while also being young and Māori in order to better inform further research, policy and practice. A Māori narrative approach is employed to fully appreciate their rich accounts of early parenting. Secondly, the study examines the broader cultural, social and political contexts that shape the environment in which young Māori parents experience support. This includes privileging mātauranga (Māori knowledge) about raising children and whānau. Government rationalities that inform policy that affects young Māori parents are also examined. The social constructions of teen pregnancy and parenting, of indigeneity and Māori identity, and of requiring welfare that shape the experiences of early parenting for Māori are also considered. Some recent parenting practices that offer the opportunity to support the positive development of Māori parents are critiqued.

Research approach

Tēnei au te hōkai nei o taku tapuwae
Ko te hōkai nuku ko te hōkai rangi
Ko te hōkai a tō tupuna a Tānenui-a-rangi
I pikitia ai ki te rangi tūhāhā ki te Tihi-o-Manono

Ka rokohina atu rā ko lo Matua-kore anake
Ka tīkina mai ngā kete o te wānanga
Ko te kete-tuauri
Ko te kete-tuatea
Ko te kete-aronui
Ka tiritiria ka poupoua
Ka puta mai te ira tangata
Ki te whaiao ki te ao mārama
Tihei-mauri ora!⁷

The account above about Tāne ascending to the highest realm of enlightenment in search of knowledge, details a culture where knowledge is both fundamentally valued and rigorously pursued for the benefits of future generations. It establishes that the pursuit of enlightenment is challenging, but achievable if we follow a similar course to pursue knowledge that will benefit Māori, according to Māori customs, and seek support and guidance from the Māori community.

This research project centres on the views of young Māori parents regarding their experiences of support during birth, pregnancy and early parenting. This involved privileging young Māori parents' voices and experiences, including the positive aspects and challenges of being parents while also being young and Māori. The research approach was designed to consider the needs of the participants as Māori, as young people and as young parents in order to avoid replicating previous non-Māori, adult research agendas that were not whānau-centred. It sought to reflect and affirm the participants' Māori culture (Jahnke & Taiapa, 2003; Smith, 1999), privilege their unique youth voice (Ware, 2009) and value their role as parents (Lawton, Cram, Makowharemahihi, Ngata, Robson, Brown, & Campbell, 2013; Rawiri, 2007). The approach created a safe space to enable young Māori parents to express themselves comfortably in their own diverse ways and offer innovative contributions to their own issues and those of society. Māori research approaches challenge the hegemony of western research and reclaim space for those often marginalised in the research paradigm.

⁷ English translation: This is the journey of sacred footsteps, journeyed about the earth journeyed about the heavens, the journey of the ancestral god Tānenuiarangi, who ascended into the heavens to Te Tihi-o-Manono, where he found the parentless source, from there he retrieved the baskets of knowledge, Te kete-tuauri, Te kete-tuatea, Te kete-aronui, these were distributed and implanted about the earth, from which came human life, growing from dim light to full light. There was life.

Kaupapa Māori

Indigenous peoples' struggle to maintain control over research emphasises that research needs to be initiated by Indigenous peoples, conducted according to our cultural practices and seen as beneficial (L.T. Smith, 1999). Research approaches have been established in Aotearoa that take into account Māori knowledge and people (A. Durie, 1998). Māori approaches locate Māori people, worldviews and historical, cultural, social and political experiences as central to the research (see, for example, Pihama, 2010; Smith, 1999). Such approaches emphasise research that is relevant to and more likely to transform the lives of Māori. Māori preferences, practices and aspirations are central in the method, practice and organisation of these research approaches (Jahnke & Taiapa, 2003; Pihama, 2010; Smith, 1999; Te Awakotuku, 1991). Taking a Māori approach to research means addressing the research issue from a uniquely Māori perspective, but it may include using a wide range of methodologies, methods and analysis tools both indigenous and non-indigenous (Jahnke & Taiapa, 2003). This ensures that research is ethical, meaningful and can produce useful outcomes for the participants involved.

For example, Foucauldian analysis is also applied to government social welfare policy. Using this method helped to critique how the government maintains power over young Māori parents by affirming discourses that exclude or vilify them, and determining information about them, and how they are to be treated. Authorities manage parenting expectations by conforming to dominant discourses about parenting. Some of the prevailing dominant discourses that shape teen pregnancy and parenting are discussed later in this chapter along with an example of the power of discourse to shape the way health professionals care for young parents. The influence of these discourses is also prevalent in the analysis of the *kōrero* from the young Māori parents, particularly regarding the construction of being an acceptable parent and being Māori. This method demonstrated how discourse maintains the stigmatisation, regulation, and existing health and social inequalities that disproportionately affect young Māori parents (see chapter three for further discussion). Kaupapa Māori was one of the first Māori specific research approaches. Kaupapa Māori is grounded in a Māori worldview and is founded on a critical theory approach to research. It includes notions of critique of Pākehā constructions, resistance, struggle, emancipation and the importance of definitions of being and acting Māori (Cram, 2001; Jahnke & Taiapa, 2003; G.H. Smith, 1997; L.T. Smith, 1999). Although oriented towards benefiting the participants and their agendas, it also has a strong political element that challenges dominant ideologies. Kaupapa Māori theory has developed to include a number of key principles, those that are

relevant to this study are briefly outlined here: Whakapapa, whānau and Whanaungatanga, Taonga Tuku Iho, Kia Piki Ake i Ngā Raruraru o te Kāinga, and Te Tiriti o Waitangi.

Whakapapa

Whakapapa was introduced in the first chapter as genealogy. It also encapsulates the way in which Māori think, learn, store, and debate knowledge and view the world (L.T.Smith, 1997). For Māori, knowledge is understood to arise from antecedent conditions that produce descendent outcomes. In terms of research, whakapapa can help to ground a study in a Māori worldview by identifying the source of a Māori understanding of an issue such as in pūrākau or originating from atua. Whakapapa can also help to structure discussion and understand new findings. Whakapapa has been integral to the design of this study and is discussed multiple times with examples relating to specific components of the research.

Whānau and Whanaungatanga

Whānau was also introduced in the first chapter with the narrative about Ranginui and Papatūānuku. Whānau is the basic unit of Māori society and can also refer to a non-kin grouping who are unified through a common cause, known as a kaupapa whānau. Locating whānau as central to this research meant that the caregiving role of the participants was valued, and the importance of raising children was fundamental. It also acknowledged the role of the wider whānau in childrearing and supporting young parents, including support to participate in the research. Some whānau members attended the group discussions and contributed to the research process. This involvement was important as whānau are the primary support system for young Māori parents and were significant to the findings.

Members within whānau are bound together by whanaungatanga, the process of establishing and maintaining relationships. This principle acknowledges the responsibility and obligations of the researcher to seek and nurture relationships particularly with the participants and the wider researched community (G.H. Smith, 1997; L.T. Smith, 1999). Whanaungatanga ensured a safe engagement process with the participants and key informants. Researcher and participants were bound together as a whānau through the common purpose of the research. It also meant that these connections continued outside of the research. This ongoing presence and accountability in the researched community has also been referred to as kanohi kitea (the seen face) (Walsh-Tapiata, 1998).

Taonga Tuku Iho

Taonga tuku iho refers to prized possessions which have been inherited or passed down from generation to generation. These may be tangible such as ornaments or intangible such as language. This principle asserts the centrality and legitimacy of te reo (Māori language), tikanga and mātauranga as Māori ways of knowing, doing and understanding the world (G.H. Smith, 1997). This research is strongly founded in a Māori approach to understanding early parenting for Māori. Bodies of knowledge such as karakia, whakapapa, pūrākau, whakataukī, tikanga, te reo Māori, Te Tiriti o Waitangi, and experiences of young Māori parents is drawn on to help explain Māori beliefs and aspirations about caregiving and raising children. Kaupapa Māori theory and Māori concepts such as kōrero (narrative) inform the methodology and method. Te Ao Māori and whānau are key constructs employed to present the findings.

Mātauranga is embedded in Māori histories, experience, and language, and refers to Māori ways of thinking (Smith, 1990). It is the knowledge, comprehension or understanding of everything according to a Māori worldview (Marsden, 1988). It is founded upon a worldview in which all living things are interrelated, people with the natural world (Mead, 2003).

This thesis does not constitute a comprehensive discussion of all Māori bodies of knowledge related to Māori childrearing. The first chapter and narrative about Ranginui and Papatūānuku provides a brief overview of a Māori understanding of whānau, and caregiving with a focus on parents. It does not cover mātauranga about mothering or fathering extensively. Mātauranga about Māori maternities has and is already being extensively examined by Māori female academics (Gabel, 2013; 2019; Glover & Cunningham, 2011; Makereti, 1938; Mikaere, 2003; H. Moewaka Barnes, A. Moewaka Barnes, Baxter, Crengle, Pihama, Ratima, & Robson, 2013; Le Grice & Braun, 2016; Mountain-Harte, 2001; Murphy, 2011; Ratima & Crengle, 2012; Rimene, Hassan & Broughton, 1998; Simmonds, 2011; 2014; Simmonds & Gabel, 2016; R. Smith, 2015; Stevenson, 2018; Yates-Smith, 1998). The important role of women as whare tangata (womb, home of future generations) and as ūkaipō (night-feeding breast, nurturers) is often central to such research. Atua wahine (female primal energy sources) such as Papatūānuku, Hineahuone, Hine-Tītama, Hinenuitēpō, Rona, Hineteiwaiwa and the myriad of other atua wahine who coexist with atua tāne (male primal energy sources) in our environment demonstrate the significance of women to mātauranga.

There is a small but growing literature about Māori parenting and raising Māori children (Cram, 2012; Eketone, 2008; Herbert, 2001; Herewini, 2018; Jenkins & Harte, 2011;

Morehu, 2005; Penehira & Doherty, 2012; Pihama, 2012; Tipene-Leach, Able, Finau, Park & Lenna, 2000). Within such literature many culturally specific concepts relevant to raising children are identified such as Rangi and Papa as the primal parents and first whānau, whakapapa, and whanaungatanga. Some of these were covered in the first chapter. The pā harakeke (phormium tenax plantation) is another model of whānau development provided by the local native environment. The University of Waikato research programme Tiakina Te Pā Harakeke: Māori childrearing within a context of whānau ora (2012) investigated mātauranga associated with the pā harakeke and Kaupapa Māori approaches to Māori childrearing and parenting. The place of mātauranga in the development of evidence-based, cultural interventions to improve the mental health and wellbeing of young Māori is being further explored in the research project Te Taonga o Taku Ngākau: Ancestral knowledge as a framework for tamariki wellbeing. This rich heritage of Māori knowledge related to childrearing is still being unearthed and is being continued by young Māori parents.

Tikanga and te reo are expressions of mātauranga. Tikanga is the applied form of knowledge in a correct way. This includes practices and considerations that arise from Māori ethics and obligations that enable us to appropriately navigate and operate within a Māori context (L.T. Smith, 1999). In this study, following tikanga ensured a safe and culturally affirmative process, particularly important for those participants who have been dislocated from their culture, or had racist experiences. All participant information was available in both te reo and English and participants were able to use both languages during the interviews. It was therefore essential that I was conversant in both te reo and English in order to undertake the interviews, transcribe and analyse the kōrero.

According to Māori, te reo is a taonga gifted to their ancestors by the gods and it has its own life force, power and vitality (Barlow, 1991). Language is the medium through which we communicate our knowledge, thoughts, and feelings. Proficiency in te reo supports a deeper understanding of mātauranga (Barlow, 1991). Te reo is privileged in this thesis as it is an official language of Aotearoa New Zealand and is the medium through which mātauranga can be most easily expressed. Māori words and phrases have been used to encapsulate some concepts. While simple English translations are provided in brackets after each Māori word, phrase or verse, more in-depth explanations are also provided where possible. There is also a glossary at the end of the thesis that provides basic translations. For further translations and explanations please refer to a Māori English Dictionary such as the Williams Māori English Dictionary.

Kia Piki Ake i Ngā Raruraru o Te Kāinga

This principle emphasises the need to assist in the alleviation of negative pressures and disadvantage experienced by Māori communities and for the solutions to be derived from the communities themselves (G.H. Smith, 1997). It meant focusing on solutions for improving the experience and outcomes of early parenting for Māori as well as providing immediate assistance to the participants when required during the study. Some of the benefits of participation included opportunities for the young Māori parents to participate in a forum that was safe to share their experiences and in which their contribution was valued. The reflexive nature of participating helped them to identify challenges, successful coping strategies and sources of support. Participants supported the research and the researcher, as well as each other.

I also facilitated safe processes for them to contribute to local initiatives that affected them and advocate on their behalf when they were not able to do so for themselves. This included making a submission to the New Zealand Government about the proposed changes to the information sharing agreement of the Youth Service, critiquing current initiatives about the effectiveness of programmes to support young Māori parents, and providing suggestions of how to better engage and support young Māori parents in a range of local and national forums.

Tino Rangatiratanga

Tino Rangatiratanga relates to sovereignty, autonomy, control, self-determination and independence as guaranteed in Te Tiriti o Waitangi (discussed further in the next section). It includes Māori control over research (G.H. Smith, 1997). In this study, it meant that the researcher and participants were Māori, a Māori worldview was privileged, and the approach aligned with Māori values and practices. It included seeking support from mana whenua (local tribal authorities) and Māori advisors.

The young Māori parents were involved in the research process, and actively dictated much of the research agenda. Participants attended my doctoral confirmation oral presentation and helped present the research at community events and conferences. Acknowledging that young Māori parents have rights and valued opinions gave the research 'realness'. It provided them with opportunities and the permission to speak about things that they nominated in ways they chose (Smith et al., 2002).

This sense of a participant-driven focus is similar to action research (Jahnke & Taiapa, 2003; G. Smith, 1997). Participant-driven research is an applied approach that treats knowledge as power and abolishes the line between research and social action. It

emphasises that research should do more than just understand the world; it should help change it for the better (Munford & Sanders, 2003). Tino rangatiratanga provided the impetus to critique dominant western assumptions about early parenting and Māori identity, and privilege young Māori parents' lived experiences. Tino rangatiratanga also justified the participation of one young Māori parent who was not quite 16 years old at the time of the interview.

Te Tiriti o Waitangi

Te Tiriti o Waitangi is a contract between two nations which promises continued Māori self-determination (as above). It also legitimises settler presence in Aotearoa New Zealand, and a governing role for the Crown that includes protection of Māori (Kingi, 2007). Today the Crown is represented by the New Zealand government and its agencies who are required to act in accordance with Te Tiriti. According to Pihama (2001), Te Tiriti provides a basis through which Māori, may critically analyse Crown governance to protect Māori and ensure Māori self-determination. In this study, a government policy was analysed regarding Crown Treaty obligations. The following discussion provides more detail about how these Tiriti obligations arose and how they are being honoured in health and social policy.

He Whakaputanga: Declaration of Independence

Until the arrival of Pākehā (European settlers) to Aotearoa New Zealand from around 1800, Māori raised their children according to Māori knowledge, practices and values introduced in the first chapter. However, the impact of enforced Western systems, technology and diseases greatly affected the Māori way of life, health and wellbeing and the population itself, which began to decline significantly (Durie, 1998). Māori tribal leaders were unable to foresee a full return to their previous ways of living and considered the future development of Māori in partnership with the British Crown. A national declaration and treaty progressed this vision. Māori tribal leaders declared sovereignty and independence of Aotearoa through He Whakaputanga o te Rangatiratanga o Nu Tireni: The Declaration of Independence in 1835⁸. It was signed by 34 northern chiefs as the Confederation of United Tribes and James Busby as British Resident and was formally recognised by King William

⁸ The rule of *contra preferentum* in international law states that, in any bilingual treaty, when there are versions of the treaty composed in different languages, precedence is given to the textual one that is not written in the language of the drafter. Therefore, He Whakaputanga o te Rangatiratanga o Nu Tireni and Te Tiriti o Waitangi (the Māori text of the Declaration and Treaty) are pre-eminent in international law. For the full Māori and English translations see Ngāpuhi speaks: He Wakaputanga and Te Tiriti o Waitangi Independent Report on Ngāpuhi Nui Tonu Claim. 2012. Te Kōwhiri & Network Waitangi Whangarei Inc.

IV, leading other nations to acknowledge Aotearoa as an independent Māori state (Kingi, 2007).

He Whakaputanga includes four key statements. The first is the declaration of Māori sovereignty (rangatiratanga) over Aotearoa (Article 1 “ko matou, ko nga tino rangatira o nga iwi o Nu Tirene...ka wakauputa i te rangatiratanga o to matou wenua”). The second is the prohibition of other governing entities (kawanatanga) unless otherwise nominated by Māori and according to Māori tikanga (Article 2 “e kore e tukua e matou te wakarite ture ki tetahi hunga ke atu, me tetahi kawanatanga hoki...ko ngā tangata anake e meatia nei e matou e wakarite ana ki te ritenga o o matou ture”). The third is concern about wellbeing (Article 3 “kia mahara ai ki te wakaoranga o to matou whenua”). Lastly, protection from the King is requested (Crown protection) (Article 4 “ka mea ai matou ki te kingi kia waiho hei matua ki a matou...kei wakakahoretia to matou rangatiratanga”) (Ngāpuhi speaks: Independent report, 2012; p82 - 87). The partnership between Māori and the Crown was subsequently developed in Te Tiriti o Waitangi: The Treaty of Waitangi in 1840.

Te Tiriti o Waitangi: The Treaty of Waitangi

Te Tiriti includes six key statements, some of which are reiterations of He Whakaputanga. The first is also the acknowledgement of Māori sovereignty (rangatiratanga) in both the Preamble (“kia tohungia ki a ratou o ratou rangatiratanga...”) and Article 2 (“ka wakaake ki nga rangatira, ki nga hapū, ki nga tangata katoa o Nu Tirani, te tino rangatiratanga o o ratou wenua”). The second is also about governance (kawanatanga) as requested by the Queen in the Preamble (“Ko te Kuini e hiahia ana kia wakaritea te kawanatanga”) and then agreed to by the chiefs in Article 1 (Ko nga rangatira...ka tuku rawa atu ki te kuini o Ingarani ake tonu atu – te kawanatanga katoa o o ratou wenua”). The third is continued Māori authority over tangible and intangible valued resources (taonga) (Article 2 “ka wakaake ki nga rangatira...te tino rangatiratanga o...o ratou taonga katoa” and preamble “kia tohungia ki a ratou o ratou rangatiratanga, me to ratou wenua, a kia mau tonu hoki te Rongo ki a ratou me te Atanoho”).

The fourth is protection of Māori by the Crown (Article 3 “Ka tiakina e te Kuini o Ingarani nga tangata Maori katoa...”). The fifth is the provision of additional rights for Māori as those experienced by British citizens (equality) (Article 3 “ka tukua ki a ratou nga tikanga katoa rite tahi ki ana mea ki nga tangata o Ingarani”). Lastly, the continued practice of Māori custom and beliefs are guaranteed and protected (The fourth article “...ko nga wakapono katoa...me nga ritenga Maori hoki e tiakina ngatahitia e ia”) (Ngāpuhi speaks: Independent report, 2012; p197 - 202).

He Whakaputanga and Te Tiriti o Waitangi protect the right of Māori to raise children according to their custom. These agreements also provide a role for the Crown to support Māori to raise their children. Despite the promises and protection offered to Māori in the Treaty of Waitangi, the document was ignored in spirit almost immediately and disregarded materially for many years. Many of the rights guaranteed to Māori were violated, and Māori lost most of their land through the 19th and 20th centuries. The Māori population fell dramatically due to war, loss of land and economic base, and introduced diseases. The way the land was lost, including mass confiscation, along with political frustrations led to considerable activism from Māori over the years. Māori protest gained momentum in the 1960s against a background of international activity about human rights, civil rights, indigenous rights, and women's rights. The activist group Ngā Tamatoa (The Young Warriors) formed in 1970 employed radical and effective strategies to push a Māori agenda at a national level including the ratification of the Treaty of Waitangi and the Māori language (Walker, 2004).

Treaty Principles

The Treaty of Waitangi Act (1975) established the Waitangi Tribunal as a permanent commission of inquiry. It is charged with making recommendations on claims brought by Māori. These claims relate to actions or omissions of the Crown that potentially breach the promises made in the Treaty of Waitangi. The Act equally recognises both the Māori text and the English version which has enabled agencies of the Crown to produce a range of Treaty principles which supposedly combine and balance the provisions of both texts. For example, the Royal Commission on Social Policy 1988 highlighted Article Two as being concerned with all economic and social issues that contribute to wellbeing. The commission identified three principles relevant to all social policies: partnership, protection, and participation. However, there has been some debate as to the usefulness of principles (Oh, 2005).

For example, the principle of partnership does not recognise the two very different statuses of the signatories; Māori as the absolute authority (rangatiratanga) and the Crown as merely governors or administrators (kawanatanga). Instead, it diminishes Māori authority and elevates the Crown's status to an equal in a partnership. In practice, Crown authority is often so grossly over endorsed that Māori are rendered powerless. Furthermore, Māori are often treated as a homogenous group able to be represented by one iwi or Māori representative, as opposed to the many diverse Māori interests initially represented by the many rangatira who signed He Whakaputanga and Te Tiriti.

The principle of protection is often reduced to western notions of physical protection of tangible things such as land. For example, it rarely includes Māori health and wellbeing, or

language and knowledge, custom, values and beliefs, particularly about raising children. The principle of participation is often used in terms of equal citizenship in New Zealand society and used to implement assimilative policies of integration. Māori are treated as consumers and measured against non-Māori. Māori participation is rarely treated as integral to involving Māori as the solution (Whitinui, 2011).

Māori rights to development, as indigenous peoples⁹ of Aotearoa New Zealand, have also been endorsed at an international level more recently by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) 2010. Of relevance is Article 21 about indigenous peoples' right to the improvement of their economic and social conditions, including in the area of health with particular attention to the rights and special needs of the vulnerable such as indigenous women and children.

Despite these foundational documents that protect Māori rights, the Crown's lack of accountability has resulted in the active and systematic suppression of Māori people, knowledge, land and culture by western frameworks and institutions of the Crown (Kingi, 2007). Colonisation has had a devastating cumulative and on-going effect on the health and wellbeing of Māori. Māori are now overrepresented in most negative health and social indicators. (See the series of government monitoring reports on health inequality Decades of Disparity trilogy, and Tracking disparity and Hauora: Māori Standards of Health I-V reports).

"These inequities range from lower life expectancy and higher rates of death across most causes; inadequate utilisation of health service for level of need; unequal distribution of the economic, social, environmental, and political determinants of health, and finally health services that struggle to provide accessible, affordable, effective, quality and non-discriminative health services to Māori" (Reid, 2011; 71).

Colonisation and its Ongoing Trauma

The impacts of colonisation and urbanisation on family composition and intergenerational support and knowledge of childrearing, aid in the explanation of the current disadvantages associated with young indigenous parents. Since the arrival of European settlers and commencement of colonisation in Aotearoa New Zealand, government policies have heavily affected the ability of whānau, hapū, iwi and Māori communities to support their young parents. Colonisation was premised on the belief that progress and development

⁹ Indigenous peoples also known as 'First Nations', 'Aboriginals', 'First Natives' are the descendants of people claiming original habitation of a territory, with a distinctive culture and social institutions. They have a historical continuity with pre-invasion and pre-colonial societies that developed on their territories and consider themselves distinct from other sectors of the societies now prevailing in those territories. They have been subjected to colonisation suffering exploitation, discrimination and disadvantage. Although only forming minority sectors of society, they are determined to preserve, develop and transmit to future generations their ancestral territories, and ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal systems (Coulter, 1994; Loomis, 2000).

meant the active suppression of Māori authority, rejection of Māori perspectives and the imposition of 'proper' knowledge based on western frameworks by institutions of the Crown (M.H. Durie, 2003; Mead, 2003; Royal, 2002). The colonisation strategies that targeted culture and language, education, children and health were most influential in affecting Māori childrearing practices and young Māori parents.

Crown policies of assimilation enforced the view that Māori culture and language were irrelevant; Māori practices were actively discouraged and discarded and Māori ideologies were no longer perceived as valid (M.H. Durie, 2003; Mead, 2003). For example, the Tohunga Suppression Act 1907¹⁰ prohibited traditional healing practitioners who were also the principle repositories of Māori knowledge and practices (M.H. Durie, 2003). This outlawing of tribal repositories meant that Māori ways of teaching, learning and transmitting knowledge and customs were heavily restricted, including knowledge and practices about pregnancy, birth and parenting.

Collective and shared care of children such as wet nursing and whāngai were also prohibited. The Infants Act 1908 restricted retaining an infant in care for the purpose of nursing for more than seven consecutive days unless licensed as a foster-parent. The Native Land Act 1909 put an end to adoption in accordance with native custom (Simmonds, 2014). The mission stations set up throughout New Zealand from the early nineteenth century were another major influence on Māori childrearing. As part of their objectives to "civilise" Māori, missionaries targeted child-rearing practices such as introducing physical punishment, and aimed to adapt the behaviour of both children and their parents. A system of primary schools (initially called native schools and later renamed Māori schools) for rural Māori set up by the state in 1867 only officially permitted the English language (Higgins & Meredith, 2013) displacing te reo Māori.

Whānau birth practices were affected by the hospitalisation and medicalisation of childbirth in Aotearoa New Zealand in the 1920s (Dow, 1999). To improve the poor infant and maternal health of the time and reduce mortality rates, childbirth was removed from within homes to hospitals situated in urban centres. Birthing women were removed from their whānau support and birthing traditions (Mikaere, 2003). The role of whānau during birth was displaced by medical staff and hospital protocols. Māori women's experience of the birthing process changed from a whānau celebration to feelings of isolation from support networks, alienation from culture and overall discomfort and disempowerment (Mountain Harte, 2001).

During the mid-twentieth century large-scale Māori migration from rural to urban areas further disrupted traditional patterns of child-rearing and family support (Rimene,

10 The Tohunga Suppression Act 1907 was a prohibition of traditional healers. This legislation also made it an offence to practice traditional healing.

Hassan & Broughton, 1998; Walker, 1990). Māori relocated from kāinga (traditional Māori communal living) to urban areas with more employment opportunities, often leaving behind their extended family and Māori institutions (Rimene, Hassan & Broughton, 1998; Walker, 1990). This resulted in a breakdown of culture and identity, difficulties with whitestream institutions, widespread alienation of land, and a weakening of tribal structures. It also resulted in a loss of language, culture and support systems that were once based within whānau and around marae (ceremonial gathering place) (Mikaere, 2002).

Parents of young children found themselves dislocated from their relatives, living in unfamiliar and often cramped urban surroundings, lacking resources, and facing new social expectations from mainly non-Māori neighbours, landlords and employers (Higgins & Meredith, 2013). The extended whānau construct (generally made up of some three generations descended from a common ancestor) that had provided social and economic support was no longer the greatest social influence for many Māori (M.H. Durie, 2005). In these difficult circumstances, many traditional childrearing practices and support systems either disappeared or were greatly adapted. Individual state services began supplanting support that was previously based within whānau and communities and according to Māori custom. Māori were made more reliant on assistance from the very institution that purposefully caused the displacement. The state has also proactively removed Māori babies and children from their whānau at an alarming rate. From 1960 to 1999, data shows an estimated 70 per cent of children in state care being Māori (Kaiwai, Allport, Herd, Mane, Ford, Leahy, Varona, Kipa, 2020).

The cumulative and long-term effects of on-going colonisation on the economic base, wellbeing, spirituality and culture of Māori have resulted in Māori becoming over-represented in circumstances of disadvantage and dysfunction. As previously stated, Māori are now disproportionately represented in most negative health and social indicators (Robson, 2008).

Colonisation and government policies to regulate reproduction and child welfare disproportionately impact on Māori women. The enforcement of the western Christian notion that women are the primary caregivers of children, and both are subject to the demands and rule of the patriarchy subjugate Māori mothers in particular (Gabel, 2019). The result of historic and intergenerational trauma inflicted on Māori mothers, is most evident in Māori maternal and infant health inequalities (ibid). Unfortunately, it is difficult to obtain a comprehensive understanding of the national state of Māori maternal health, let alone the health of young Māori mothers, as the national New Zealand Maternity Clinical Indicators used to monitor the quality of maternity services by District Health Board's are not reported by ethnicity. This is a significant omission since there are likely to be differences in care received by Māori and by young Māori women.

According to Hapū Ora: Wellbeing in the early stages of life (Moewaka Barnes et al, 2013) a Health Research Council and Ministry of Health partnership project, Māori women have a higher prevalence of maternal risk factors compared to other women, and therefore have greater maternity care needs. For example, Māori mothers have greater levels of deprivation (45% in most deprived quintiles) than non-Māori (only 22%). Māori babies were more likely than non-Māori to be born with a birthweight under 2.5 kg or born preterm (before 37 weeks gestation) and Māori mothers also had a higher rate of stillbirths and neonatal deaths than Pākehā mothers. Māori women have a higher risk of maternal death (39% of all maternal deaths) and the maternal mortality rate for Māori was over three times the rate for Pākehā women. According to Makowharemahihi and colleagues:

“These differences in health outcomes cannot be solely explained by socioeconomic status. Rather they are part of a larger picture of health disparities that suggests there are system and health service factors contributing to differential health outcomes for Māori” 2014; pg. 53).

Socioeconomic disadvantage, barriers to access to care, and cultural responsiveness have been attributed as contributing to these disparities (Cram, 2014; Ratima & Crengle, 2013). For example, Māori women report lower levels of satisfaction than other women including concerns about their experiences of maternity services in relation to professionalism and cultural safety, including ignorance, insensitivity and rudeness (Moewaka Barnes et al, 2013).

Government efforts have contributed to the creation and maintenance of the disparities in outcomes that Māori experience. Colonisation continues to be facilitated through racism in a number of forms (Williams, Lawrence & Davis, 2019). Institutional racism is embedded within policies and practices preventing the oppressed from accessing resources. Ethnocentrism is the beliefs, values and ideas that are embedded into social representations which favour the dominant group.

Current Government Policy

Policy that continues to suppress indigenous authority, privilege non-indigenous knowledge, prioritise Crown agencies to deliver policy, and not involve indigenous peoples in the solution will continue to perpetuate disparities (George, Mackean, Baum, & Fisher, 2019). This approach undermines the development and support of young Māori parents, particularly by whānau and according to Māori aspirations. Government rationalities about young parents, and young mothers in particular focuses on individual risk and vulnerability, and frames young parents as a burden on society and a risk to their children (Brown, 2016;

Macvarish, 2010; Ministry of Women, 2017). For example, most of the risks discussed in literature cited by government are risks related to the mother's situation, the home environment and factors relating to the pregnancy, birth and postnatal care (Morton et al., 2014). There is little recognition of broader 'risks' associated with continuing to apply the same individualistic approach based on the same non-Māori knowledge and experience and by the same agencies of the state, but expecting a better outcome. This approach is a risk to Māori healing, self-determination, mātauranga, tikanga and te reo, and whānau wellbeing. It will continue to render Māori vulnerable to sustained oppression, intergenerational trauma, racism, health and social disparities, and unrealised potential.

The Young Parent Payment (YPP) is administered by the Ministry of Social Development (MoSD), which is the public service department of New Zealand charged with advising the government on social policy and providing social services. The YPP is one example of how these government rationalities are implemented in social policy (Ware, Breheny, & Forster, 2016). The YPP provides financial assistance to young parents conditional on fulfilling extensive health and social obligations for themselves and their children, and intense monitoring. The Ministry of Education and the Ministry of Health benefit from this policy. Babies of young parents receiving the YPP must be enrolled with a health provider and be up to date with child health checks. Enforcing Māori mothers and children to engage in a health system that has marginalised them, under-delivered and failed to reduce the disparities in health, is problematic.

There are persistent assumptions that young Māori women are more likely to attend maternity services later and attend less frequently, however these have been refuted. Makowharemahihi and colleagues (2014) found that Māori women did engage early with health care services both to confirm their pregnancy and to initiate maternity care. To their dismay, they also found that it was the initial response of the services that often failed the young Māori mothers. This included a lack of sufficient and appropriate information, support and referral services for young Māori mothers. These barriers lead to avoidable delays which disrupt a comprehensive maternity care pathway, and a lack of maternity care in the first trimester when it is most crucial. Makowharemahihi and colleagues assert that:

"the current model of maternity care disempowers young women by failing to provide an appropriate level of access to maternity care, and then blames them for not accessing care. There is a range of resources (knowledge, information, language, support) that people are expected to mobilise, yet ethnic minority and socio-economically deprived people may be disadvantaged in their access to these resources" (Makowharemahihi et al, 2014; 59).

Furthermore, there may be a cultural mismatch of health services. Rawiri (2007) specifically refers to the tapu nature of childbearing and the term 'whakamā' (feelings of shyness, shame, embarrassment, anger and even powerlessness) which helps to explain the vulnerability and uncomfortableness that some young Māori mothers may feel when pregnant or giving birth and accessing support.

The YPP policy also insists that young parents are in education or training. This fulltime education obligation means that their baby also must be in care full-time, from a very young age with most babies being cared for by early childcare providers. The Ministry of Education provides Teen Parent Units (TPU's) which are educational facilities attached to state secondary schools providing education for teenaged learners who are pregnant or already parents (Miller, 2012). TPU's have easy access to an Early Learning Centre (ECE) to support the children of young parents who are studying. Some TPU's also provide some parenting and life skills such as healthy lifestyles, goal setting, budgeting programmes and pastoral support and attract much research (Dale, 2013; Education Review Office, 2014; Hindin-Miller, 2012; Johnson & Denny, 2007; Miller, 2012; Parata, 2011). Although over half of young parents attending TPU's are Māori, this is still a very small percentage (about 5%) of all teen parents. Furthermore, whitestream education has historically not served Māori well resulting in lower educational achievement levels than their non-Māori peers.

Leveraging off the potential strengths of young parents, is promoted in the positive youth development approach endorsed by the Ministry of Youth Development (Damon, 2004; McLaren, 2002). In order for young people to develop the skills and attitudes they need to take part positively in society, they need to feel they are contributing valued skills; connected to others and society; are in control of their fate and have a stable identity (McLaren, 2002). Although the current Labour Greens Coalition government has placed the wellbeing of children and young people high on its agenda, there is still a lack of focus on young parents or Māori solutions.

The Māori Health Strategy He Korowai Oranga (2002) of the Ministry of Health focuses on reducing disparities in health and social services and collaborative approaches with iwi/Māori organisations. It has the overall aim of whānau ora - Māori families supported to achieve their maximum health and wellbeing. To further build on this aim which was beginning to feature across government health, social welfare, and education policy, the government formally endorsed a whānau centred approach to the delivery of support services (Durie, Cooper, Grennell, Snively & Tuaine, 2009). It recognised whānau as being the central pillar of Māori society and highlighted the essential role that whānau play in the well-being of Māori individually and collectively. The approach challenges government agencies, particularly health, social development and education, to view Māori as more than

just individuals. The overall aim of the approach is to develop whānau who are self-managing; live healthy lifestyles; participate fully in society; confidently participate in te ao Māori; are economically secure; successfully involved in wealth creation, and stewards of the environment. However, there is little recognition that a significant proportion of whānau are led by young parents or include young parents. Whānau ora is still mostly being applied within government sectors and has not yet been fully implemented across all of government as evident in the individualistic approach of welfare provision.

Despite these mostly sectoral approaches, there remains a lack of a dedicated and appropriate approach, funding and resources to support young Māori parents. Where successful initiatives have occurred, they are mostly due to community-driven collaborations between non-for-profit organisations, iwi/Māori authorities and key interest groups. A deficit approach to Māori, youth and young parents has constrained innovative policy that supports meaningful and improved outcomes for young Māori parents, their children and whānau. Policy developments in relation to support for whānau, and teen pregnancy and parenting have been grounded upon a Western construct of the nuclear family unit and parenting within western social, cultural, political, and economic determinations.

Current Examples of Parenting Practices that align with a Māori worldview

There has been a recent resurgence of practices associated with pregnancy, birth and parenting that align with a Māori worldview. This alignment has the potential to contribute to a positive Māori parenting identity and thus support young Māori parents. Returning whenua (placenta) to the whenua (land), and safely sleeping with pēpi, are two examples of practice that I have been involved with promoting locally. The means by which these practices can be fulfilled are the focus of this discussion. Ipu whenua (a container for a placenta) and wahakura (a woven basket for sleeping pēpi) are two such innovations that enable these practices that align with a Māori worldview. These solutions have been developed by Māori in response to contemporary issues. Ipu whenua has evolved out of the hospitalisation of birth, and the need to store a placenta in order to retain it and return it to the land. Wahakura were developed out of the inequitable number of Māori pēpi being lost to Sudden Unexplained Death in Infancy and the need to safely co-sleep pēpi, particularly if pēpi's environment was not smokefree.

Ipu Whenua

From a Māori perspective, the placenta or whenua is treasured as it provides all the nourishment that the baby needs while in the womb (Rimene, Hassan & Broughton, 1998). In the womb it connects the mother and baby and once birthed is considered an extension of both. While birth physically separates mother and child, the placenta continues to embody the bond. It is no coincidence that whenua means both land and placenta. Both nourish humans inside and outside the womb.

“Whenua ki te whenua” or the custom of returning the placenta to a place of ancestral connection has deep cultural and spiritual importance, as the land is a source of identity for Māori. This practice acknowledges three concepts significant to raising children: whakapapa, whānau, and whenua. It strengthens our role and responsibilities as tāngata whenua, people of the land. Tāngata whenua are descended from Papatūānuku and Hineahuone (first human formed from the land). Whenua links us with the past and connects us to each other and to the land. Whenua is one of many dual meaning terms in the Māori language that connect procreation with identity formation and wellbeing more broadly. Ipu whenua are used to store placenta until they can be returned to the whenua (Simmonds, 2014).

Carved wood, hollowed out hue (gourd), hand-formed uku (clay), and weaved harakeke (phormium tenax) are some materials that have been used as ipu whenua. These materials are all native and naturally occurring in the local environment. Use of these materials strengthens our link to relevant atua who reside over our natural resources. For example, harakeke connects us to Hineteiwaiwa (goddess of weaving and childbirth) (Simmonds, 2014). Making ipu whenua from native materials and according to customary Māori art forms such as rāranga (weaving) involves Māori knowledge.

By the 1960s, urbanisation, and the medicalisation and hospitalisation of birth for Māori effectively prevented the practice of keeping and burying the placenta (Simmonds & Gabel, 2016). Placentas were treated as medical waste, and the burial of whenua considered primitive, unhygienic and superstitious. Women were not given the option of keeping their placenta. The cultural revitalisation efforts of the eighties helped to reintroduce the practice for Māori and within the Māori midwifery community.

In recent times, many tauwiwi (non-Māori) mothers in Aotearoa New Zealand have also found meaning in keeping their placenta. This has created a greater demand for appropriate containers. In response to this demand, new vessels to hold a placenta have been sought. Whilst potentially cheap, quick to procure and aesthetically pleasing, these vessels are often made of a non-native material, and are not made through a Māori art form.

While these alternatives may support women to keep and treasure their baby's placenta, these vessels are only part of the practice of returning the placenta to the land. For example, reshaping pre-made pandanas leaf/reed baskets is not the same as weaving an ipu whenua from harakeke and strengthening the spiritual and cultural connection with the local environment and with atua. These containers are often called 'ipu whenua' although are not made from native materials or through Māori art practice.

The sharing of the practice of whenua ki te whenua with all people and the subsequent increase in demand in containers need not compromise the cultural and spiritual significance of whenua or result in the diminishment of local Māori resources, knowledge or practices. For example, local weavers in Levin held a workshop to harvest local harakeke to hand weave a stock of individually unique ipu whenua to gift to mothers birthing at the local Horowhenua birthing unit. Such initiatives demonstrate the ways that weaving ipu whenua can become an opportunity for the transmission of Māori knowledge in culturally conducive ways.

The use of the term ipu whenua for a vessel made from non-native material is incorrect and misleading. To avoid confusion, offense or disappointment, the term 'ipu whenua' should not be used to describe anything that does not align with Māori knowledge about whenua and is not made from material native to Aotearoa or based on a Māori art form. Mothers in New Zealand have and continue to develop their own resources and processes around childbirth. A biodegradable cocoon made from other materials does not have to be associated with Māori knowledge, resources and practices, to fulfil the purpose of housing and disposing of placenta in a meaningful way.

Māori parents deserve to have full recognition of their culture and practices. They should not feel as though their culture is at risk of being appropriated or commodified by others. A more comprehensive understanding of the knowledge underlying Māori practices provides a more meaningful appreciation of culture for both Māori and non-Māori. The mātauranga, te reo and tikanga surrounding the practice of "whenua ki te whenua" supports a positive association with things Māori, and culturally conducive learning, particularly important for Māori parents. Weaving one's own wahakura is another opportunity to embody mātauranga, and learn te reo and tikanga surrounding harakeke, weaving, and whānau development, in a culturally conducive way.

Wahakura

A wahakura is a hand-woven and unique safe sleep space for pēpi (baby) made from harakeke and utilising the tradition of rāanga (weaving). Wahakura were developed as

Aotearoa New Zealand's first kaupapa Māori solution to specifically address safe co-sleeping, particularly with Māori who have disproportionately high rates of Sudden Unexpected Death in Infancy (SUDI) (Tipene-Leach, 2007). Wahakura are a contemporary innovation that use the native material of harakeke and the Māori customary practice of rāranga to address a contemporary issue. It has been found that using wahakura promotes co-sleeping and bonding, responsive parenting, breastfeeding and smokefree environments (Abel, Stockdale-Frost, Rolls, Tipene-Leach, 2015). While wahakura have been shown to be more appealing to Māori (Abel, Stockdale-Frost, Rolls, Tipene-Leach, 2015), and there is an overall trend in the reduction of SUDI rates nationally and for Māori particularly in certain geographical areas, the link between wahakura provision and a decrease in SUDI is still anecdotal.

There is more to wahakura than just providing a safe sleep space. Similar to ipu whenua, wahakura are made from a native sustainable material (harakeke) and through a Māori art practice (rāranga). Harakeke and rāranga have cultural significance and meaning associated with identity, whānau and raising children. Making wahakura depends on weaving expertise often located in weaving experts and communities, not in health professionals or health organisations like other safe sleep devices. Wahakura have their own mana and mauri created by Papatūānuku, Hineteiwaiwa and the whānau involved in weaving it.

Harakeke is a native plant to Aotearoa with many functional uses including as rongoā (medicine). The plant is an example of a whānau and the importance of nurturing pēpi. A single plant is called a whānau. It is made up of a fan with a rito (new shoot/pēpi) in the centre, surrounded by the awhi rito or mātua rau (parent leaf) and then tūpuna rau (grandparent leaves). The rito and mātua rau are always nurtured and never harvested as they are taonga (treasured) and ensure the future survival and wellbeing of the plant. The saying "Mātua rautia" (a child nurtured by many) also reinforces that all the rau of the harakeke plant (the whole whānau) has a role and responsibility in the development and well-being of the rito (pēpi). The whānau harakeke demonstrates intergenerational and interdependent relationships, and responsibilities (Pihama, 2012).

Teaching whānau how to make their own wahakura involves sharing mātauranga about the pā harakeke, rāranga, and Hineteiwaiwa. From personal experience of weaving wahakura, this process can strengthen spirituality, Māori identity, understanding of whānau roles and responsibilities, and connection with the environment. Harakeke connects whānau to Papatūānuku and our responsibilities as tāngata whenua (guardians) to nurture our future mokopuna (grandchildren). The Māori customary art practice of rāranga connects whānau to Hineteiwaiwa, and Māori knowledge and practices about female arts such as childbearing.

The making and use of wahakura has the potential to contribute to the revitalisation of Māori culture, positive Māori identity, self-determination and wellbeing, especially important for Māori who have been stigmatised as ‘at-risk’ and unhealthy or have been dislocated from Māori culture. The time it takes to weave a wahakura creates space for whānau to think about welcoming their new pēpi into the world and their future aspirations.

The provision of wahakura as a safe sleep space for pēpi will address the immediate implications of socioeconomic disadvantage on safe sleep practices and contribute to reducing the disproportionately high numbers of Māori pēpi who suffer from SUDI. However, teaching and learning how to weave your own wahakura is a Māori health promotion approach that foregrounds self-determination, whānau wellbeing, spirituality, and Māori culture and identity. Initiatives that attempt to take this broader more meaningful approach of incorporating all the learnings associated with harakeke and rāranga, or teaching whānau how to weave their own wahakura, have struggled to secure funding.

The narrow approach taken, particularly by the Ministry of Health, and regional District Health Boards has been to treat wahakura as a mere sleeping device to procure and distribute to Māori women and babies presenting risk factors associated with SUDI. This deficit approach of identifying and targeting individual risk factors perpetuates the problematisation and stigmatisation of those who exhibit risk factors such as being young, Māori, pregnant and a smoker (Glover, Severinsen & Phibbs, 2017; Houkamau, Tipene-Leach & Clarke, 2016; Reid, 2016). Women should not have to be defined as ‘at-risk’ in order to be eligible to sleep their baby in a wahakura or learn how to weave a wahakura. Māori have a right and responsibility to use native materials such as harakeke, and to weave wahakura, irrespective of whether they also smoke cigarettes. All Māori babies have a right to sleep in a wahakura regardless of their size at birth, the age of their mother, or if they have been exposed to cigarette smoke.

Discussion of Ipu Whenua and Wahakura

These two parenting practices are significant to this research because they have been specifically promoted as culturally responsive practices to better engage Māori, particularly ‘at-risk’ young women, to improve infant and maternal health outcomes and experiences. However, the narrow approach of treating ipu whenua and wahakura as mere commodities, instead of as culturally significant vessels of knowledge related to caring for tamariki, diminishes the mana and mauri of these taonga. The opportunity to pursue self-determination and a broader promotion of health and wellbeing, that shape the context of

parenting for Māori (Reid, 2016), is overlooked. The potential to share Māori knowledge surrounding whenua and wahakura that contributes to a positive Māori identity is missed.

Reclaiming, developing and normalising our Māori practices and art forms is important, especially around such an important time of welcoming a new life into this world (Simmonds, 2014). Making and using ipu whenua has the potential to contribute to the revitalisation of Māori culture, positive Māori identity, self-determination and wellbeing. These are especially important for Māori who have been displaced or marginalised.

To effectively engage young Māori parents and their whanau and transform Māori infant and maternal health outcomes, requires more than just addressing risk factors and inequities in health outcomes with mere commodities. It requires a broader more holistic and culturally conducive approach to sharing knowledge. A Māori health promotion approach to ipu whenua and wahakura would benefit from an emphasis on self-determination and the strengthening of Māori identity, as a foundation for the achievement of individual and collective Māori potential and wellbeing (Graham, 2018; Ratima, Durie & Hond, 2016). A foundation of Māori knowledge would enhance the promotion of Māori health. Developing health and wellbeing from conception within a collective and intergenerational context would have long reaching benefits.

Māori Youth

In contemporary western society two key transitions have been identified as signifying the transition from childhood to youthhood; going through puberty and starting secondary school (Drewery & Bird, 2007; McLaren, 2002). The transition out of youthhood and into adulthood is becoming less definitive and has progressively expanded largely due to extended financial dependency on parents. It has included finishing education, leaving home, gaining employment, becoming fully legally responsible and getting married and/or having children. These transitions define the beginning and end of the legislative age bracket for youth, currently 12 to 24 years of age in Aotearoa New Zealand (Ministry of Youth Affairs (MoYA), 2002).

On the other hand, most indigenous people have formal rites of passage (Drewery & Bird, 2004) involving ceremonies that mark a person's progress from one role or social status to another such as closure to the end of childhood and initiation of adult roles and responsibilities. This transition is distinguished by its important role in the development of the individuals and preparing them for their role in the wider collective, as well as preparing the community for the acceptance of the new young adult. Traditionally, childbirth was a

significant rite of passage, particularly for young women and their transition to motherhood as their role in the wider collective.

Colonisation has negatively affected the rites of passage of many indigenous peoples which has led to recent debate about how youth are defined within a Māori context (Borell, 2005; Keelan, 2001; Ormond, 2004). According to tikanga a child retained that classification until their parents or parent's siblings had died or until they produced a child, thereby taking on adult roles and responsibilities. However, as life-expectancy has improved and the average age for childbirth has increased, there has been a shift in Māori society in the way groups of people are categorized. The terms taiohi and taitamariki are used interchangeably to describe youth and the period when rites of passage or development associated with youthhood may occur (Ormond, 2004). The age definition of the young Māori parents of this study was 12 years to 24 years inclusive.

The Māori youth of today are growing up in a predominantly post-treaty New Zealand society and midway through a cultural renaissance. The protest and cultural revitalisation movement of the 1970s asserted Māori rights and reinvigorated Māori language and culture. Some young Māori parents are second generation graduates of Māori forms of education (kōhanga reo, kura kaupapa, wharekura, wānanga) set up during this time to embody Māori culture and aspirations. The profile of today's Māori youth highlights realised potential and the potential for improvement (Ware, 2009). Māori educational achievement statistics are improving which are important indicators for employment opportunities, potential earnings and economic gain (Ministry of Social Development (MoSD), 2004). However, similar to other indigenous populations and compared with many other countries, Māori youth are more socioeconomically disadvantaged than their non-Māori counterparts (MoSD, 2004; TPK, 2006). They also suffer more ill-health and have higher rates for a range of negative health outcomes (MoH, 2002a, 2002b). Teenage pregnancy has been closely linked with low socio-economic communities of which indigenous populations like Māori are over-represented.

Rationale for Research with Young Māori Parents

Despite Māori being a significant proportion of the young parenting population in Aotearoa New Zealand, there is a lack of discussion about young Māori parents (Strickett & Moewaka Barnes, 2012). The disproportionate number of Māori most affected by policies and practices aimed at parents and young parents is often masked by code words such as those most 'at risk' or 'vulnerable' of becoming pregnant or parents. Information about young Māori parents, or young Māori mothers in particular is often about the high Māori teen

pregnancy rate or the associated negative health and socioeconomic deficits which problematise and stigmatise young Māori parents (Graham, 2018).

Researchers have attempted to measure the supposed risk factors, negative impacts and outcomes of parenthood for both young mothers and their children (Dickson, Sporle, Rimene & Paul, 2000; Fergusson & Woodward, 2000; Woodward, Fergusson, & Horwood, 2001). This has included educational under-achievement, economic impacts, health risks, problematic parenting practices and compromised child development that are so frequently associated with young parenthood. Consequently, young parenthood is understood as contributing to poor outcomes across a range of social and economic indices (Arai, 2009; Bissell, 2000; Boden, Fergusson & Horwood, 2008; Breheny & Stephens, 2010; Duncan, 2007; Furstenburg, 2007; Hoffman & Maynard, 2008; SmithBattle, 2009).

Prevailing Discourses about Teen Pregnancy and Parenting

Many of the assumptions and attitudes about teen pregnancy and parenting are evident in dominant discourses on early parenthood which are maintained through research, policy and practice. A discourse is a set of assumptions about a subject that are regarded as truth. Discourses are usually created and maintained by those who gain power over the subject (see chapter 3 for more in-depth discussion about discourses, power and knowledge). Discourses are often narrow in their focus to maintain a particular perspective, and do not comprehensively explain a subject or allow for nuance or complexity.

Some of the prevailing dominant discourses that shape teen pregnancy and parenting already identified by commentators have origins in health and social development, biology, ethnicity, economics and neo-liberalism. There is some overlap between these discourses, and they are often drawn on collectively to rationalise approaches to teen pregnancy and parenting. Early pregnancy and parenting is presented as an individualised and unwanted problem of mostly young, poor, indigenous and women of colour in particular, prevalent in epidemic proportions, to be prevented and managed.

Discourses about teen pregnancy, parenting and indigeneity shape the way young Māori parents are understood and treated. For example, a 'Public Health' discourse frames early motherhood as a disease or epidemic producing unhealthy children (Rock, 2006), requiring surveillance and prevention. The act of conceiving is framed as risky, harmful or 'bad' behaviour as it is assumed that it leads to negative health outcomes. There is an assumption that all young women are physiologically under-developed and mentally unprepared, and produce unhealthy, small or developmentally delayed children. Young parents are perceived as irresponsible and immature for becoming pregnant in the first place

(Yardley, 2008). This assumes the child was not planned or wanted (Arteaga, Caton & Gomez, 2019) justifying abortion or adoption, and that better sexual health education and contraceptive options will prevent these pregnancies. Focusing on age as a risk for these outcomes, distracts from the actual health of the mother and child, as well as broader determinants of health and social outcomes such as socioeconomic status. The association of early motherhood with harmful outcomes constrains a young mother's choice to continue to full term and keep their baby, and their subsequent parenting. This potential to cause further harm justifies continuous moderation and intervention in their parenting.

An 'Ethnicity' discourse classifies young mothers into ethnic groups and explains differential fertility rates through a natural biological pre-disposition and/or the resistance of appropriate reproductive technology among minority group members. An example of research that draws on this discourse is that of Marie, Fergusson and Boden's (2011) findings. Their research examined the associations between ethnic identity and pregnancy/parenthood by age 20 among a longitudinal birth cohort of New Zealanders born in 1977 from the Christchurch Health and Development Study (CHDS). Those participants of sole Māori identity reported higher rates of both early pregnancy and parenthood than either non-Māori or those of Māori/other ethnic identity, despite controlling for a range of socio-economic and family functioning factors.

The research concluded that higher rates of early pregnancy/parenthood among Māori are associated with factors relating to Māori identity. They suggest that use or lack of use of contraception may be a factor in the link between cultural identity and teen pregnancy. The assumption is that identifying as Māori is the sole factor that determines early pregnancy and parenting, and that not identifying as Māori might help prevent early pregnancy. Specifically linking undesirable behaviour (of resistance to contraception use and early pregnancy and parenting) with Māori identity portrays Māori as inherently responsible for negative outcomes (Te Rōpū Whāriki, 2014). Simultaneously, Māori identity is tainted, and non-Māori identity is valorised.

Despite controlling for some socio-economic and family functioning factors, other factors that shape the environment in which young Māori become pregnant and parent, such as colonisation and racism, and over-representation in negative health outcomes, were not considered. Similarly, by not including Māori concepts associated with reproduction such as whakapapa and whānau, which might challenge prevention efforts and support parenting regardless of age, a narrow understanding of early pregnancy and Māori identity was presented.

A 'Eugenics' discourse engages metaphors of parenting as a biological priority and highlights the unsuitability of young mothers as parents (Breheny & Stephens, 2010). It

assumes that a natural ability to mother is associated with specific superior individual biological characteristics associated with older, white, middle-class and married women. Mothers who fulfil these characteristics are automatically considered to be capable of mothering. It is assumed that 'good' motherhood is associated with the outcomes and experiences of these women who have a 'natural ability' to mother (Banks, 2008; Breheny & Stephens, 2007b; Rock, 2006). Other mothers are scrutinised against these supposed 'good' mothering qualities. Those who do demonstrate these qualities are not eligible to be considered 'good' mothers.

Biology has little to do with how to care for children. The environment in which mothering occurs is not entirely determined by individual competence. Broader determinants of health and social wellbeing such as socioeconomic status has a significant impact on resources and outcomes. The focus on ethnicity, age, and marital status as supposedly superior attributes excludes mothers who do not fulfil these characteristics, and who are in comparison, considered less desirable mothers. Young mothers have been made to feel inadequate as though they do not have the right to be a mother or raise a child because of their age and assumed socioeconomic status.

A 'Social' discourse further constructs the idea of 'acceptable motherhood', the normative or 'right' age of childbearing, social deviance and social exclusion. The age of childbearing became a contested issue in western societies in the 1980s when the preferred life course trajectory for women (based on the experiences and aspirations of white, middle-class women) progressively expanded to include finishing education, leaving home, gaining employment, getting married and then having children (Arai, 2009; Furstenberg, 2007; Patterson, Forbes, Peace & Campbell, 2010). Becoming a parent before completing all these milestones, but most importantly education and marriage, was constructed as a moral and economic crisis (Bonell, 2004; Heilborn, ReisBrandão & Da Silva Cabral, 2007). Early parenting outside of marriage was considered immoral because it challenged the Christian construct of marriage and family and uneconomical because unmarried women were viewed as dependant on state welfare (Furstenberg, 2007; Lawlor & Shaw, 2002; Wilson & Huntington, 2006). In New Zealand in the 1980s, the average age for childbearing for young Māori remained reasonably unchanged while it increased for European women, thus creating a 'widening gap' and problematising teen childbearing as a Māori issue.

Life course trajectory research with teen parents in New Zealand suggests that young parents may have greater aspirations and still achieve key life milestones although not necessarily in the same order or at the same time as peers who did not have children young. Young parents still complete education and gain meaningful employment, and equally contribute economically to society (Patterson, et al., 2010). Furthermore, for young

people from disadvantaged backgrounds of which Māori are over-represented, aspirations of completing education and gaining meaningful employment may be hindered by poor access to resources and opportunities, as opposed to as a consequence of becoming a young parent. Becoming a young parent may also fulfil a social and cultural norm for particular groups with limited access to resources and opportunities, and indigenous and people of colour (Cooke, 2013; Johnstone, 2011; Mann, 2013).

An 'Economic' discourse positions teenage mothers as a financial drain on society and early motherhood as a cost to the mothers themselves. Teen pregnancy is framed as a cause of lower educational achievement and socioeconomic status. A 'Political' discourse supports neo-liberal notions of autonomy and independence from government support/welfare (Allen & Osgood 2009; Breheny & Stephens, 2007a; Cherrington & Breheny, 2005; Schoon & Polek, 2011; Wilson & Huntington, 2006). Together, these discourses hold the mothers primarily responsible for both caring for the child and providing the financial means to do so. Due to colonisation and urbanisation disrupting wider whānau support systems, the imposition of Christian patriarchal notions of the role of women, and higher rates of deprivation, young Māori mothers are more likely to require financial assistance, than their non-Māori peers. The implications of how these discourses shape government rationalities about welfare provision is discussed in more detail in chapter 3.

An examination of these discourses shows that concern about teenage motherhood is as much about the wrong sort of women becoming mothers, as mothering too soon and requiring government assistance. Personal lived experience, positive outcomes, or indigenous perspectives about early parenting are often not included or prioritised and are framed instead as minority or counter discourses. The dominant discourses fail to consider the broader determinants of health and social outcomes, particularly for indigenous and people of colour, such as the ongoing effects of colonisation and racism, that shape the challenging and complex environment in which early parenting occurs.

These dominant discourses about early childbearing have resulted in negative stigmatisation of young parents which effects the way they are treated by health professionals (Breheny & Stephens, 2007).

Example of How Discourses Effect Care and Support of young parents

Deficit discourses about early parenting contribute to stigma and stereotyping of young mothers and hinder potential support to young Māori parents. The consequences of stigma and stereotyping of young mothers by health care professionals in particular can influence whether young parents and their babies receive appropriate and professional care. The way discourses can be drawn on to justify ill-treatment of young parents by health

professionals is best illustrated by a case study. . In 2011, a case was referred to the New Zealand Health and Disability Commissioner alleging that one young 16 year old New Zealand mother, did not receive appropriate and professional midwifery care (Health and Disability Commissioner, 2013). Referred to as Ms A, the young woman confirmed her pregnancy when 10 weeks and 4 days pregnant. She was referred to a midwife, referred to as Ms C. According to the notes provided during the complaints process Ms A had a difficult social history and had just left her partner. There was no record of a birth plan having been developed. The midwife told Ms A that she might be uncomfortable attending antenatal classes and said that she would instead teach Ms A antenatal education. The midwife prescribed evening primrose oil capsules for Ms A to take for a week because she considered it has been shown to bring on labour. When Ms A was 37 weeks and 4 days pregnant, Ms A woke in pain. She, and her partner, Mr A, called the midwife several times and were told to wait and not to go to hospital. The pain worsened, so Mr A called his mother, who came to their home and then also telephoned the midwife. Shortly thereafter, Ms A gave birth on the bathroom floor. The midwife arrived after the baby was born. She examined Ms A and told her she had a small perineal tear that did not require sutures. Ms A experienced severe pain in her perineum, and the tear pulled open when she walked. She tied her thighs together to minimise this and, when the midwife saw she had done so, she provided little assistance to her. In addition, in the period following the birth, Ms A had trouble with breastfeeding but was not offered a referral to a lactation specialist. The midwife went on leave for several days. On her return she visited Ms A, who was clammy and cold, and had a fever, cramps and offensive smelling lochia. The midwife prescribed one dose of metronidazole (a treatment for anaerobic infections) and took a swab. The following day Ms A went to an after-hours doctor. She was seen by an obstetrician, Dr D, who immediately admitted Ms A to hospital for IV antibiotics, EUA (examination under anaesthetic), perineal debridement and perineal reconstruction.

A brief discursive examination of the midwife's justifications of her care for the young woman reveals unjustified assumptions about the age, capability, and suitability, and autonomy of the young mother that are maintained by dominant discourses discussed previously.

Firstly, Family Planning referred the young mother to the midwife because they believed that unlike some midwives "she would be sympathetic when caring for a young mother" (Health and Disability Commissioner, 2013; pg. 3). This begins with the assumption that young mothers might be treated with a lack of sympathy in their professional interactions with midwifery service providers. The unspoken implication may be that early pregnancy is a state undeserving of sympathy. Following this, the young mother was advised that she might

be uncomfortable attending antenatal classes because she would be “looked down upon” because of her age (pg. 4). This immediately sets the young mother apart from other mothers who have attained the ‘right age’ to have a baby. This mismatch leads to advice not to attend the health service, rather than a requirement to ensure appropriate and welcoming health services.

The young mother’s urgent calls to her midwife about the onset of labour and birth were not seriously considered because she was “just young” and “panicky” (pg. 7). The assumption is that young mothers are not capable of making decisions for themselves or knowing their own bodies, are emotionally irrational and essentially need to be told what to do by a professional. The midwife’s reluctance to attend the young mother led to her birthing her baby on the floor at home. The young woman experienced a severe tear to the perineum which she was told by the midwife was “tiny” and she should keep her “legs shut” and act “lady like” (pg. 9). The midwife’s comments suggest that the young mother will try to have sexual intercourse soon after the birth. This aligns with a public health discourse about young people being sexually irresponsible. When the young mother complained of the pain from the tear, the midwife did not listen or respond accordingly and instead considered that the young mother’s complaint was “a bit of a show” and was “a bit over the top” (pg. 11). Again, this assumes that young mothers are incapable of knowing their own bodies and are emotionally irrational. After considerable troubles with breastfeeding and asking for help, the midwife still did not refer the young mother to a lactation consultant because the midwife had assumed “breastfeeding wasn’t going to last” (pg. 10). This assumes that young mothers do not know or do what is right for their babies and do not breastfeed for any length of time. In addition, the midwife did not request consent for giving the Vitamin K injection which undermines the young women’s right as a mother to make decisions for her child.

The midwife was found by the Health and Disability Commissioner to have breached the Code of Health and Disability Services Consumers' Rights, specifically Right 4(1) Every consumer has the right to have services provided with reasonable care and skill. She was also found to have breached Right 4(2) Every consumer has the right to have services provided that comply with legal, professional, ethical and other relevant standards. The comments from the midwife demonstrate how embedded misconceptions about age are in health professionals understanding of early motherhood and treatment of young mothers. This case points to the considerable material effects of discourses that position young parents as irresponsible and incapable parents. If these assumptions about age are not addressed, then the way early parenthood is understood, the care provided, and the experience of young parents will continue to be constrained by this deficit approach which has real consequences.

Positive Understanding of Early Parenting

More recently, research studies have developed methodologies that go beyond the focus on age and individual deficit in accounting for poor outcomes (Dickinson, Carroll, Keats & Myers, 2010; Lawlor and Shaw 2002). These studies suggest that outcomes for young parents and their children depend upon contextual factors related to support such as membership of economically disadvantaged groups. There is a growing consensus that delaying childbirth would not substantially enhance young parent's experiences but that addressing the socioeconomic disadvantage of the young parents would (Maclean, 1994). When studies control for disadvantage, the multiple and cumulative risks that precede many teen births account for most of the negative outcomes of young parenthood. That is, early parenthood does not necessarily cause the negative outcomes (Bissell, 2000; Hotz, McElroy, & Sanders, 2005; Maclean, 1994). Marie and colleagues' (2011) research emphasised that socioeconomic disadvantage may explain the higher rates of early onset of pregnancy by Māori as well as contribute to continuing socio-economic disparities after becoming a parent.

Social structures have also been considered. Research on young parents' experiences of support are based on the notion that social support (structures and processes) affects the parent-child relationship and the health and wellbeing of both mother and child (Goodwin, 1996; Huang, Costeines, Kaufma & Ayala, 2014; O'Brien Cherry, Chumbler, Bute & Huff, 2015; Rawiri, 2007). Support moderates stress, has positive effects on attitude and behaviours, is an essential part of successful parenting and reduces the chances of negative outcomes. However, not all social relationships are supportive. The very existence of a social relationship does not imply that support is derived from it and not all support is perceived as helpful by the receiver.

Young parenthood has been investigated from the perspective of the parents themselves.

"Interventions to reduce these health disparities [between young Māori and non-Māori mothers] need to have a comprehensive understanding of the lives of these young women, including the challenges they face, their aspirations, and their support networks" (Lawton et al, 2012; 247).

This small but burgeoning field of research suggests that assumptions about the negative outcomes of teen pregnancy are ill-founded and only problematise and further hinder provision of appropriate support and services for young parents (Arai, 2009; Cherrington & Breheny, 2005; Wilson, & Huntington, 2006). Furthermore, research by indigenous peoples have an affirmative approach to youth, culture and parenting and address structures which have stigmatized and excluded young parents from participating fully in society (Cardinal,

Cardinal, Waugh & Baddour, 2013; Larkins, 2011; Lawton et al., 2013; Quinless, 2013; Salusky, 2013).

Generally, qualitative research suggests that early parenting is associated with positive experiences and social inclusion (Barcelos & Gubrium, 2014; Berman, Silver & Wilson, 2007; Clarke, 2015; Conn, de Figueiredo, Sherer, Mankerian & Iverson, 2018; Duncan, 2007; Duncan, Edwards & Alexander, 2010; Frewin, Tuffin, & Rouch, 2007; Kirkman, Harrison, Hillier & Pyett, 2001; O'Brien Cherry, Chumbler, Bute & Huff, 2015). Motherhood has been found to provide a valued social role that makes sense in the lives of young women, particularly women from disadvantaged backgrounds (Anwar & Stanistreet, 2015). These findings challenge the view that young people's lives are ruined by early childbearing. For some disadvantaged youth having a baby can be an opportunity to respond resiliently and has provided the motivation to create a healthy lifestyle and environment for both themselves and their child (Larkins et al., 2011; Rawiri, 2007). For indigenous youth, becoming a parent may also be fulfilling a collective cultural norm of procreating and childrearing and a rite of passage to adulthood (Geronimus, 2003). Marie and colleagues (2011) posit the explanation that Māori may place a premium on early reproduction, whereby early pregnancy and parenthood has become institutionalised, via its normalisation, as a contemporary marker of strength of Māori identity.

Research about Young Māori Parents

Research with young Māori mothers also frames parenting as a positive experience (Goodwin, 1996; Graham, 2018; Rawiri, 2007; Stevenson, Filoche, Cram & Lawton, 2016). Other than the masterate studies of Goodwin (1996) and Rawiri (2007) there was little research about young Māori mothers until more recently. This may be due to increasing pressures on the environment in which young Māori are parenting. For example, institutional racism, unconscious bias, and neoliberal welfare policies produce precarity, and exacerbate health and social disparities. The last decade has seen a proliferation of research about young Māori mothers in particular (Adcock & Cram, 2018; Adcock, Cram, Lawton, 2019; Graham, 2018; Lawton, Cram, Makowharemahihi, Ngata, Robson, Brown & Campbell, 2013; Lawton, Makowharemahihi, Cram, Robson, & Ngata, 2016; Makowharemahihi, Lawton, Cram, Ngata, Brown, Robson, 2014; Stevenson, Filoche, Cram & Lawton, 2017). While these publications lack specific focus on young Māori parents, they help to provide the broader context for understanding the similar influences and issues that affect being young, being Māori/Indigenous and raising children.

An ongoing source of research about young Māori mothers is the Health Research Council funded study E Hine: Reducing Barriers to Care for Pregnant Māori Women under

20 years and their Infants. The project aimed to understand the circumstances, range of needs and barriers to, and facilitators of, appropriate health care and wellness of pregnant Māori women under 20 years old and their infants (Lawton, Cram, Makowharemahihi, Ngata, Robson, Brown & Campbell, 2013: 255). It included 44 case studies in two geographic and socially contrasting regions. The study also considers the legislative, regulatory, funding and social policy information that impact on the young Māori women's journey through the health system. The proposed interventions are based on whānau ora (Māori family wellness) to improve maternal and infant health outcomes. The findings published thus far include appropriate research approaches with young Māori women, young women's support to initiate maternity care, the role of tikanga and whānau in support, the treatment by government, and experiences of welfare receipt. While there are many similarities between the E Hine project and my own, there are also differences. The location of my study, the inclusion of fathers and the much smaller scale of a doctoral research project are just some unique differences. I have been fortunate to be able to consult with members of the research team.

Literature about young Māori mothers contextualise experiences of early parenting within Māori understandings and practices associated with reproduction, childbearing and parenting (Pihama, 2010; Strickett & Moewaka Barnes, 2012). For example, the young Māori women in Stevenson and colleagues' (2016) study on the birthing experiences of Māori women under 20 years of age identified the practice of tikanga and support from whānau as contributing to a positive birthing experience. Findings from these studies suggest that although reproduction and caregiving are valued in Te Ao Māori and the young Māori women valued Māori culture and language, there were additional challenges of positively identifying as a Māori parent.

Although more than 20 years old, the findings of Goodwin's (1996) study on support for young Māori mothers during pregnancy, birth and motherhood are still relevant today. Most of the young Māori women in Goodwin's study identified with aspects of Māori society and felt that learning about their culture helped them feel more positive about being Māori. However, positive feelings towards their Māori heritage did not necessarily equate with greater knowledge or use of te reo and tikanga (Goodwin, 1996). Of relevance is the finding that some women experienced challenges with identifying positively as a Māori woman. There was a perceived conflict between western values of progress and success, and negative perceptions of Māori as having worse health and social outcomes and requiring social assistance. These perceived conflicts were identified as barriers in promoting a positive Māori identity, particularly for women identifying as Māori mothers.

Graham (2018) in her doctoral research on experiences of wellbeing of young Māori mothers around the birth of their first tamaiti, implicates women, primarily mothers as the most significant people who provide support, including cultural support, to navigate the pathway to and into motherhood. Women maintained stability, provided guidance and strength, and reinforced the prospect that the young Māori women were managing and flourishing. The very little research about Māori fathers (Edwards & Ratima, 2014) and young Māori fathers (Elkington, 2017) reveals similar findings about positive experiences associated with fathering. Māori understandings of fatherhood, the practice of tikanga and support from whānau also feature.

Conclusion

This research explores young Māori parents' experiences of support during pregnancy, birth and parenting. It is important to better understand their realities as young Māori parents continue to have babies at a higher rate than their non-Māori peers. They are also growing up in a period of Māori cultural revitalisation that affirms culture and identity and demands cultural responsiveness. The privileging of mātauranga throughout the entire research process helps to anchor the research in a Māori worldview. It also helps to ensure that engagement with young Māori parents and analysis of their stories is culturally appropriate.

However, early parenting for Māori is also situated within historical, cultural, social and political contexts that shape the environment in which young Māori parents raise their children. The ongoing impacts of colonisation and racism continue to perpetuate inequalities in health and social outcomes. The deficit approach that over emphasises the ill-found negative outcomes associated with early parenting continues to treat young parents as a universal problem. Government rationalities about young parents focus on individual risk and vulnerability and treat young parents as a burden on society. The following chapter further examines the rationalities of a current government policy that significantly effects young Māori parents.

Chapter Three: The Politics of Government ‘Support’ in Aotearoa/New Zealand: Reinforcing and Reproducing The Poor Citizenship of Young Māori Parents

As a government policy that significantly affects young Māori parents, the Ministry of Social Development’s Young Parent Payment provides an example of the rationalities that underpin the New Zealand government approach to early parenting. Parts of this article were also reproduced in the book chapter: Ware, F.J.R., Breheny, M.R. & Forster, M.E. (2017). Reproducing the precarious position of young Māori mothers in Aotearoa/New Zealand. In *Precarity: Uncertain, insecure and unequal lives in Aotearoa New Zealand* (Eds) Groot, S., Clifford Van Ommen, C., Masters-Awatere, B., & Tassell-Matamua, N. Massey University Press: Palmerston North, NZ.

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Abstract

Despite the poor outcomes of early childbearing increasingly found to be equivocal, there remains a persistent pathologising of teen parenting, which structures government response. By applying a Foucauldian analysis to the recently introduced Young Parent Payment, this paper examines the political rationalities that shape government responses and welfare assistance for young parents in Aotearoa/New Zealand. A biopolitical concern for the productive economic citizen and right parent is found to inform the social investment approach and exclude those who do not conform. Discourses about being Māori, young, a parent and needing financial assistance frame young Māori parents as at risk of long-term welfare-dependency and a threat to their own children. Welfare assistance is demonstrated to be a disciplinary practice to punish young Māori mother beneficiaries for deviating from the preferred normative life-course trajectory.

Keywords:

Foucauldian analysis, discourse, governmentality, neoliberalism, welfare reform, young parent payment

Introduction

Internationally, teen pregnancy rates in developed countries are decreasing overall and evidence for the causal relationship between young maternal age and poor outcomes is increasingly found to be ambivalent (Arai, 2009; Furstenberg, 2009; Geronimus, 2003; Graham & McDermott, 2006; MacLeod, 2001; SmithBattle, 2007; Wilson & Huntington, 2006). Despite this, there remains a persistent pathologising of teen pregnancy and parenting, which structures government responses. The construction of appropriate life course trajectories positions early parenting for women as a problem. Completing secondary school, gaining employment, forming a stable relationship and achieving financial independence before having children is the dominant expectation. Young people who do not conform to this trajectory are viewed as deviant (Breheny & Stephens, 2008). Furthermore, neoliberal rhetoric of individual responsibility for wellbeing and economic productivity positions early childbearing as undermining productive citizenship by potentially delaying education and employment for mothers. Discourses about the 'good' and 'right' parent as financially independent, married, heterosexual, white, middle-class and educated (Wilson & Huntington, 2006) further stigmatise young (unmarried) indigenous mothers on welfare. Welfare, as part of a wider colonial governing project is 'simultaneously racialized, gendered, sexualized and classed' (Creese & Kambere, 2003: 566 as cited in Pulkingham, Fuller & Kershaw, 2011; 272). Teen parenting and welfare assistance in Aotearoa/New Zealand is understood through these overlapping socio-cultural, historical and political discourses. This article focuses specifically on young indigenous Māori mothers because Māori women in particular are over-represented in the welfare system and "Young Māori women account for around half of all teenage pregnancies" (WWG, 2011, p 45), in spite of only accounting for 15% of the population in Aotearoa/New Zealand. The deeply entrenched but tenuous assumptions about teen parenting, welfare dependence, social exclusion and Māori ethnicity produce regulatory power relations in Aotearoa. This paper applies a Foucauldian analysis to government rhetoric and policy to understand the positioning of young Māori mothers. Such policies contribute to the stigmatization, regulation and entrenchment of existing health and social inequalities between Māori and non-Māori in Aotearoa/New Zealand. Instead of developing culturally appropriate responses to address societal inequalities in which young Māori are parenting, government approaches further reinforce inequalities.

A Neoliberal Welfare Approach To Teen Parenting In Aotearoa/New Zealand

Government support for young Māori parents occurs within a political, economic and social context. Aotearoa/New Zealand has, since the 1980s, embraced a neoliberal economic model (O'Brien, 2012). Neoliberalism refers to the deregulation of markets, privatization and minimal government intervention in business. In social policy, neoliberalism shifts responsibility for wellbeing and economic productivity from the state to individuals (Bell & Green, 2016). It prioritises reductions in government spending on social services and enhances the role of competitive markets – in both the public and the private sectors – in delivering social services. As the state devolves responsibility for service delivery it also increases the monitoring of service delivery compliance to ensure outcome targets are met. In this sense, and particularly for Māori providers, neoliberalism has produced greater regulatory oversight, not less.

Neoliberalism views citizenship in terms of attachment to the labour market. Life course trajectories based on education and employment are normalised. Consequently, education and labour market participation are increasingly understood as mechanisms of social inclusion within policy and governmental discourses both internationally and in Aotearoa/New Zealand (Wilson & Huntington, 2006; 67). Early childbearing challenges this expected norm by potentially delaying education and economic productivity (MacLeod, 2002) and consequently is understood to produce social exclusion and financial dependency.

Concern regarding the costs associated with early parenting has led to a recent burgeoning in government interest in young parents, demonstrated through policy reports on teen parenting in general and Māori teen parenting in particular. This both reflects and reinforces prevailing views of appropriate life trajectories for young women in particular. For example, the Families Commission states that teen parents need: intensive support for further education, training and employment, relationship education and ongoing contraceptive advice for two years after the birth, and networks focused on helping teen parents. Of most significance, the Families Commission recommends culturally appropriate support for Māori teen parents. Subsequently, the new welfare payment for teen parents, the Young Parent Payment (YPP) was introduced as the first of the 2012 welfare reforms, to address the concerns of social inclusion and long-term financial dependency.

2012 Aotearoa/New Zealand Welfare Reforms: Social Investment

In 2009, the government reviewed Aotearoa/New Zealand's social security system. Previously, the Aotearoa/New Zealand welfare system had implemented active labour

market policies, also called activation employment, welfare-to-work, or workfare. Active policies have been increasingly implemented in neoliberal welfare regimes since the 1990s (Whitworth & Griggs, 2013). In the US this was signalled with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 designed to increase labour market participation among welfare recipients. In the UK the Welfare Reform and Pensions Act of 1999 was introduced with the principle of “work for those that can and security for those that cannot” (Welfare Reform and Pensions Act 1999, Background to the Act). More recently the UK passed the Welfare Reform Act 2012 which combined a range of means-tested payments into one Universal Credit payment. Overall, these reforms provided a stronger focus on independence through employment and stronger penalties for welfare fraud.

Aotearoa/New Zealand has followed the United Kingdom’s approach to welfare reform to address social inclusion (Humpage, 2006). Welfare-to-work, as it is mostly known in Aotearoa/New Zealand, was initiated under the fourth National/New Zealand First coalition Government’s (1997) reforms with the introduction of the Community Wage (Shaw, 2001). Work-oriented activities such as work-testing, personal development, training, employment plans and financial sanctions for non-compliance were gradually introduced. These work-orientated activities are often referred to as mutual or reciprocal obligations which make receipt of social security welfare conditional (Wynd, 2013). The Fifth Labour government of 1999 attempted to introduce a social development approach. However, National re-introduced the welfare-to-work agenda when it became government again in 2008.

The welfare-to-work approach was a significant change in policy regarding income support for parents in Aotearoa/New Zealand. This signalled a shift from redistributive social welfare to conditional social assistance based on participation in paid employment. Previously, parents receiving welfare were not subject to full-time work testing and could elect to care for their children full-time. Under the welfare to work approach, parents receiving welfare became subject to part-time work obligations when their youngest child reached school age and full-time work obligations when their youngest child reached 14 years of age. This prioritises employment over caregiving responsibilities and assumes that any paid employment improves outcomes for families. Prioritising caregiving is no longer viewed as improving outcomes for welfare dependent families (Neill-Weston, 2013; Wynd, 2013).

Further extension of the welfare to work approach was signalled in 2010 with the development of the Welfare Working Group (WWG), tasked to reduce long-term welfare dependency in Aotearoa/New Zealand. Sole parents, young parents and Māori were targeted. For example, one of the eight key themes of the WWG’s Final Report (Reducing Long-Term Welfare Dependency: Recommendations), was ‘Improving outcomes for Māori’,

which associated welfare dependency specifically with Māori (WWG, 2011). A stronger work focus and reciprocal obligations were justified by rhetoric linking participation in paid work to better health and personal outcomes for all citizens (O'Brien, 2013).

As a result, the WWG recommendations focused almost exclusively on policies, procedures and processes that directly and indirectly reinforced and supported participation in paid work. This included making it more difficult to qualify for welfare in the first instance and graduated sanctions for those who failed to comply with the new obligations. Additional recommendations were made on parental obligations, budgeting and income management, teen parents, 'at risk' families and youth (O'Brien, 2012). The recommendations included improving access to formal childcare to encourage parents into paid employment and using the welfare system to leverage better outcomes in other sectors such as health and education for the children of welfare recipients.

The 2012 National government-led welfare reforms used the WWG recommendations as a basis to address long-term welfare dependency. This new social 'investment' approach to social security extended the previous welfare-to-work approach by using harsh financial sanctions to enforce new compulsory social obligations, which for parents extend to their children. The social investment approach is based on applying rigorous and evidence-based outcome evaluations to social services to ensure they are the best investment for government expenditure (The Treasury, 2016). The social investment approach applies information and technology to address social risks such as single parenthood. It focuses on evaluating the economic rationale for social policy provision (Morel, Palier & Palme, 2012). As part of this reform, a new payment, the YPP was introduced to address government concern about young parents and the costs associated with long-term welfare dependence (Ministry of Social Development (MoSD), 2012b: 1). This payment is based on a social investment approach, which focuses on education as a pathway to employment. The payment uses information and technology to monitor outcomes and financial sanctions to enforce new compulsory social obligations for both parent and child.

The Young Parent Payment

The first of the (2012) Aotearoa/New Zealand welfare reforms piloted a new Youth Service and YPP which targets young parents (between the age of 16-18 years old) who have a dependent child or children (MoSD, February 2015: 6). A recent amendment extends the age of parents to include 19 year olds (Social Security (Extension of Young Persons Services and Remedial Matters) Amendment Bill, No. 35-2). The YPP treats young parents differently from older beneficiaries with children with additional compulsory social obligations

for the young parents and their children. Different from older beneficiaries, young parents have the following prescriptive compulsory obligations: they must be enrolled in full time education, training or work-based learning (from when their child is 6 months old if a secondary school specifically for teen parents (Teen Parent Unit) is available or from 12 months if there is no TPU available). Older parents on welfare must return to work when their child is 3 years old.

Young parents on welfare are subject to intensive money management obligations and restrictions. Their welfare is paid directly to accommodation, phone and power providers and they receive a payment card for groceries. Young parents on the YPP can get financial incentives of up to \$50 cash per week based on upholding all their social obligations. These include consistent attendance at an education or training course, consistent engagement with their YPP provider, completion of a budgeting and parenting course and their child being enrolled in early childcare and with a health provider and up to date with child health checks (MoSD, 2012c; 7). These financial incentives can be withheld if a young parent is found to be non-compliant. Some of the obligations such as training courses, attendance at budgeting programmes and meeting with a budgeting advisor also apply to the partner of teen mothers receiving welfare

Young parents on welfare are also taxed on their secondary income differently from other beneficiaries. To discourage young parents from working part-time they are taxed the whole dollar for every dollar they earn in income additional to the YPP. This is presumably to encourage young parents to focus on education or training. Information about young parents can be shared between government departments (Ministry of Youth Development, 2013; pg. 17)..

The YPP is a step forward in acknowledging the needs of young parents by providing some financial assistance and social support specifically to young parents. Previously, some young parents were eligible for the Domestic Purposes Benefit (DPB) created so that sole parents could look after their children fulltime. Young parents were eligible if they were 18 years or over, single and not living with a partner or if they were 16 or 17 years old and legally married or in a civil union.

However, the way the YPP has been implemented may undermine the development of young parents and their children. In particular, the inclusion of extensive social obligations, discrimination based on age, family status and income, and lack of examination of the outcomes for Māori (as a significant proportion of potential YPP consumers) are concerning. Some of these concerns were expressed by opposition parties – The Labour Party, New Zealand First, the Green Party (Social Services Committee, 2012, 2015) and over 30 individual submissions in opposition (MoSD, 2012a, 2015). These concerns make it

a useful site from which to further examine the prevailing discursive context and underlying assumptions that shape 'support' for young Māori parents. To achieve this, Foucauldian concepts such as biopower and biopolitics, governmentality, economic security and disciplinary technology will be applied.

Normalising Discourses that Produce and Regulate the 'Good' Teen Mother

Post-structuralist Michel Foucault's theories (1978/1990, 1980) address the intrinsic relationship between power, knowledge and discourse. Foucault (1980) states that discourse is central to the ways in which we understand, construct and interact with knowledge. Through discourses we learn 'what is and what is not truth'. These apparent 'truths' are often seen as objective, natural, common sense and are, consequently, considered legitimate. Furthermore, these 'truths' inform the 'regulation of social conduct', including what is restricted as well as what is promoted behaviour (Garwood, 2014; p 20). Discursive relations of power, privilege and normalise the conduct of those who conform and marginalise and exclude those who do not. For example, early parenting is viewed through "mainstream" biomedical and psychological literature as problematic. This framing is "as much a manifestation of what is believed to be socially, culturally and economically acceptable as it is a strategy for the reproduction of privilege among advantaged social groups" (Barcelos, 2014, p 478). Such framing determines how young parents (who are disproportionately Māori) are subjugated by and subjected to regulation and surveillance that other parents escape.

Foucault (1977/1995) locates productive power in the body and its uses and usefulness (Foucault, 2008). Power becomes biopower (power over life) when it is situated and exercised at the level of reproduction. Parenting and economic potential are key to biopower as they link biopolitics at the individual level to the population level. For example, biopower constructs discourses about the "good" and "right" parent, produces who is empowered to speak authoritatively about parenting and employs disciplinary techniques to regulate parents such as compulsory parenting courses (Barcelos, 2014; Garwood, 2014; MacLeod, 2002; Moore, 2013).

Disciplinary techniques are used to regulate and normalise the preferred pathway of an acceptable citizen (Foucault, 2008) and parent. Surveillance is an integral part of the production and control of disciplinary technology. Surveillance technologies are an expression of power and domination and reinforce moral or value approaches to welfare provision. For example, the conforming/deserving and deviant/undeserving are graduated according to perceived level of threat to a moral worth – 'good' parenting and economic

productivity (Henman & Marston, 2008). Consequently, surveillance is applied more intensively and intrusively to the deviant/undeserving parents on welfare, the most marginal members of society (Henman & Marston, 2008). The dividing practice of categorising contributes to how parents are objectified, regulated and ultimately socially excluded (Brown, 2011: 38).

Surveillance requires the production of professionals authorised to police conduct (MacLeod & Durrheim, 2002: 48). The role of authorities is to evaluate appropriate behaviour and arbitrate the moral correctness of actions. Authorities have the power to reward 'good' actions or chastise deviance with punitive measures (Brown, 2011). Authority is created within systems of knowledge which adjudicate truth claims about the subject through exercising a gaze, or a hierarchical and exclusionary scheme of the normal (Barcelos, 2014). This gaze is premised on normalising judgements concerning what people should or should not do with their bodies regarding reproduction. Understandings of 'appropriate' life course trajectories and 'good' parenting practices are produced and reinforced through a colonial gaze of dominant culture, class and gender expectations which exclude and sanction alternative life course trajectories.

Foucault's theory of governmentality details the way governmental power is dispersed through discourses which control and regulate subjects at every level to produce the citizen best suited to fulfil government policies (Foucault, 1991). Self-governance of the individual is linked to government at a population level through social control such as, surveillance, compliance and regulatory activity through social structures. Governmentality is the governing of subjects as if they were free and able to make choices (Moore, 2013: 57). Governmentality analyses identify discourses as they are played out in social practices and demonstrate the 'truths' that underpin concern with welfare dependency for young Māori mothers.

Some 'Truths' about Early Parenting for Young Māori Evident in The YPP

A number of discourses arise from social science research, government, and the media to form the basis from which dominant understandings of early childbearing develop. These dominant discourses focus on causal mechanisms, risks and potential negative outcomes of early childbearing.

"The consequences of early childbearing – with their related discourses of risk and pathology – are legitimated through specific scientific truth claims. The reliance on epidemiological and behavioural science to condemn teen pregnancy is able to obscure ideological underpinnings in the name of value-free science" (Barcelos, 2014, p 479).

For example, longitudinal research examining the causes and consequences of teen pregnancy and parenting underpin the arguments for a need to intervene to prevent early childbearing. The apparent objectivity of such evidence is key to justifying social policy to address risk. This concern about the negative outcomes of teen pregnancy is necessary to invoke a language of threat to the good citizen. This threat appeals for intervention and justifies strategies to circumvent or contain the supposed threat of early childbearing, social exclusion and welfare dependency.

International research from the United Kingdom (Arai, 2009), the United States (Furstenberg, 2007; Geronimus, 2003; SmithBattle, 2007), South Africa (MacLeod, 2001) and Aotearoa/New Zealand (Breheny & Stephens, 2007a; Cherrington & Breheny 2005; Wilson & Huntington, 2006) challenges the problem construction of teen pregnancy and emphasises examination of structural inequalities such as discrimination, racism and sexism. However, these critical and deconstructive accounts of early childbearing are routinely excluded from evidence review and policy development. As a result, most policy fails to challenge the construction of teen pregnancy as universally and consistently detrimental to women, children and society.

Instead whitestream research is privileged and used to inform the practices of professionals in their work with young families. For example, “research which highlights the negative aspects only of teen parenthood, has been used to sanction the beliefs of politicians and policy makers that teen motherhood results in social exclusion and welfare dependency” (Wilson & Huntington, 2006; 65). As a result, social exclusion and welfare dependency have become widely accepted as the inevitable outcomes of early motherhood. In Aotearoa/New Zealand, these dominant discourses about age, parenting, socioeconomic status and gender are further prejudiced by a distinctive colonial rendering of indigeneity. These discourses construct ‘truths’ about early pregnancy and parenting which regulate social assistance for young Māori.

Problematisation of Early Childbearing: A Māori Issue in Aotearoa/New Zealand

In Aotearoa/New Zealand, early childbearing is more common among Māori. About half of all teen pregnancies are to women who identify as Māori, even though only 15% of the population of Aotearoa identify as Māori. Qualitative research in Aotearoa has found early childbearing to be associated with positive experiences and social inclusion (such as Collins, 2010; Miller, 2012; Tuffin, Rouch & Frewin, 2010; Wilson & Huntington, 2006) with similar but limited findings for young Māori parents (Goodwin, 1996; Rawiri, 2007). However, early childbearing and parenting is still considered to be problematic, and a Māori problem in

particular. Early childbearing is linked with Māori culture and ethnicity is inferred as causing early childbearing and the high Māori teen pregnancy rate (Marie et al, 2011). The problematizing of being Māori is an ongoing colonial exercise to marginalise Māori and prioritise non-Māori (Green, 2011; Pihama, 1996). “Negative policy representations of Māori, as in the discursive statement ‘Māori teenage parent’ operate by helping Pākehā New Zealanders to define and regulate themselves... as ‘not Māori’, not a ‘risk’ and not a ‘problem’” (Green, 2011; 38). The representation of Māori ethnicity as part of the problem of early childbearing justifies the targeting of welfare policy and growth of the institutions and instruments involved in surveillance, management, and the control of young Māori parents. These authorities include youth service case managers, TPU teachers, teen antenatal/parenting coordinators, YPP budgeting advisors, health professionals and researchers.

Despite the recognition of the proportion of young parents who are Māori, there is a lack of recognition that the YPP is a policy that disproportionately affects young Māori parents (Humpage, 2016). Consequently, there has been a lack of Māori policy leadership regarding whether early childbearing is an issue for Māori, what support would be culturally appropriate, and how support could be implemented in policy. This is evident in the lack of consultation with Māori communities, Māori advocacy groups, and Māori members of parliament, particularly the Minister for Māori Affairs. The relevance of a recent Māori policy approach, called Whānau Ora, to young parents has not been considered. Whānau Ora is a strengths-based, culturally appropriate, collaborative approach to health and social services delivery. Young Māori parents are positioned as part of the problem as consumers of welfare, but Māori are not considered as part of the solution in developing policy that significantly affects Māori.

Young People are Vulnerable and At-Risk

A western developmental discourse constructs adolescence as a time in which young people have to achieve specific tasks (such as complete education, gain full-time employment and get married) in order to develop into responsible adults (Breheny & Stephens, 2007b; Graham & McDermott, 2005; Wilson & Huntington, 2006). During this time, young people are portrayed as vulnerable to negative outcomes such as pregnancy and welfare dependency as they lack the capacity to make rational and responsible decisions. Such developmental discourses justify the highly intensive and paternalistic money management system of the YPP. However, there is little evidence that such intensive money management obligations aid young people to better manage a minimal income, significantly increase their income, or exit welfare dependency (Humpage, 2016). Removing

young people's autonomy over finances undermines the development of independence and financial management that it proposes to address.

Furthermore, this developmental discourse frames young people who become young parents without completing all the expected developmental milestones as risky. In particular, young mothers are perceived as at-risk of educational failure and 'most vulnerable' of relying on long-term welfare assistance and passing on intergenerational negative social outcomes to their children.

"Children being raised by teen parents on a benefit are a particular concern from a child development perspective. There is compelling evidence that children of teen parents are at greater risk of a range of poor outcomes, and that long-term benefit dependency for teen parents has negative implications for their children. Long-term benefit dependency leads to prolonged periods of low income and poverty. Children raised in benefit-dependant families are at increased risk of a number of poor socio-economic outcomes, such as joblessness and of themselves becoming benefit dependant as adults. This is partly because as a group, teen parents tend to have few educational qualifications, poorer mental health, and higher rates of smoking, alcohol and drug use than the rest of the population" (MoSD, 2012c; 3-4 emphasis added).

Young parents are portrayed as a perpetual risk and threat to their own children. Risk is a disciplinary technology used as a means of identifying specific targets of surveillance (Barcelos, 2014). This risk framing of young parents under the YPP was noted by the Wellington Community Justice Project, the Privacy Commissioner and the Human Rights Commission. These commentators pointed to this risk as undefined, open to change, and potentially defining how young people are viewed in interaction with providers. Developmental expectations cast young parents as inept to justify regulation. There is little recognition of the strengths and resilience of young parents or a Māori perspective of youth development. A Māori perspective of youth development focuses on young Māori people as the embodiment of their ancestors, producers of the next generation, and providers for the collective and potential to eventually lead their people (Ware and Walsh-Tapiata, 2010).

The Wrong Parent or Not The Right Time? Reforming Young Māori Mothers

The negative perception of young parents is further exacerbated by a parenting discourse which highlights the unsuitability of particular types of mothers (Breheny & Stephens, 2010). 'Good' motherhood is associated with older (white, middle-class and married) women who have a 'natural ability' to mother (Breheny & Stephens, 2007b; 2010). The intersection between age of childbearing and the characteristics of women who are

attributed the status of 'good' mothers, emphasises the unsuitability of young, poor (unmarried) indigenous Māori mothers (Wilson & Huntington, 2006).

The undesirability of combining adolescence, poverty, parenting and the disproportionate number of young Māori parents is used in the YPP to justify a range of (very early) additional compulsory interventions for both parent and child, not required for older beneficiary parents or parents not reliant on welfare. These are justified through adolescent developmental discourses that suggest "Young parents may lack knowledge of child development and effective parenting skills, and ...some struggle to balance their own adolescent development needs with the developmental needs of their child" (Office of the Minister for Social Development, 2012; 8). This government welfare rhetoric assumes that young parents may not act in their own or their children's best interests.

Under the requirements of the YPP young parents must be in fulltime education, training or employment from when their child is still a baby. Unlike older mothers on welfare or mothers not on welfare, young mothers are not able to receive welfare to stay at home and look after their own children. Instead, the government subsidises formal early childcare for the children of young parents. The Families Commission and the Human Rights Commission highlighted a concern with formal childcare as the default option for the children of young parents and the possible detrimental effect of early separation on the developing parent-child relationship. Children are effectively removed from the fulltime care and 'negative' influence of young mothers based upon developmental discourses which suggest young age precludes mothers from prioritising the needs of their children. There is no recognition of the rights of mothers to parent their children or the rights of children to be in fulltime care of a parent regardless of the parent's age or socioeconomic status. To insist that young mothers on welfare return to education or enter the workforce while their child is very young "leaves no room for an acceptance of fulltime mothering as a valid choice for such individuals, something that teen mothers themselves often equate with 'good' mothering" (Kidger, 2004; 296). Dismissing full-time parenting as a valid choice for young mothers ultimately reinforces the moral and social exclusion of young women from their social role, obligations and status as mothers (Rudoe, 2014).

Furthermore, early separation of mother and child obstructs the intergenerational transmission of Māori culture and language that often occurs between the primary caregiver and the child in the home. This undermining of Māori culture is further exacerbated by imposing western educational institutions on young Māori parents and their children. Although total immersion Māori language education is available in Aotearoa/New Zealand, none of the TPUs or the attached early childcare providers are total immersion providers and

often lack Māori culture and language tuition. This is despite about half of the students of TPU being of Māori ethnicity and more than half of their children being of Māori ethnicity.

A key requirement of the YPP is parenting education. The poor outcomes for children of young parents and welfare-dependent parents are used to justify parenting courses as if these poor outcomes are caused by poor parenting choices alone.

“It has also been demonstrated that children of young parents, especially where the parents receive a benefit, are more at risk of negative outcomes than children raised by older and/or non-beneficiary parents. Compulsory parenting education for young parents is a means of promoting positive parenting practices for young parents with better outcomes for their children” (MoSD, 2012c; 8).

The association between welfare receipt and negative outcomes is used to construct an argument that locates parenting ability within individual parents and better outcomes as achieved through education and training. However, parenting ability is not necessarily related to age, ethnicity or socioeconomic status (Rudoe, 2014). Parenting classes in this account become a strategy to promote ‘positive’ parenting – that is middle class parenting based on “mainstream” values - rather than addressing the social and cultural context of parenting in poverty and amongst racism and discrimination.

The YPP is a strategy to inculcate young parents with ‘good’ parenting skills. In this way, the inadequacies of young parents are viewed as able to be mitigated by compulsory early childhood education and health care for the child and parent education for the young parent. The YPP focus on early intervention and compulsory social obligations demonstrates the government’s preoccupation with parenting behaviour change. It narrowly emphasises “the manipulation of the child’s immediate environment, primarily individual maternal behaviour, rather than on structural inequalities” (Clarke, 2006; 716 as cited in Rudoe, 2014; 294). Other possible explanations for negative outcomes located in the wider structural context such as hostile social circumstance, entrenched inequalities, or the ongoing effects of colonisation are ignored.

A Burden on the Economy: The Costs of Early Childbearing

An economic discourse constructs teen mothers as a risk to the economy (MacLeod, 2002). The social investment approach of the YPP emphasises citizenship based on economic participation via education for young parents. Because teen pregnancy is linked to the disruption of schooling and lower socioeconomic status it is perceived as a threat to economic production (Breheny & Stephens, 2007a, 2010; Cherrington & Breheny, 2005; MacLeod, 2001; Wilson & Huntington, 2006). These ‘costs’ are emphasised as a financial and social liability. For example, it is reported that a 19 year old parent on welfare has an

estimated lifetime cost of \$218,897 to the welfare system and an average of 18 years on welfare over their lifetime (MoSD, 2015). Such calculations justify targeting resources at groups who represent the highest future liability as a sensible social investment to support young parents to become 'good' citizens.

The YPP draws on the idea that education is a pathway to employment, economic self-sufficiency, social inclusion and therefore appropriate citizenship.

"Evidence shows that educational attainment is one of the best pathways to lowering the likelihood of being unemployed, improving the chances of earning a higher income and improving social outcomes. This is particularly important for young parents because research shows that early parenthood places young mothers, in particular, at risk of disconnecting from education and New Zealand data shows that their participation in education is low" (Office of the Minister for Social Development, 2012; 6).

The association between teen pregnancy and the disruption of schooling, educational failure and welfare dependency (Fergusson & Woodward, 2000) ignores the reality that for most young parents, social disadvantage and educational failure precede becoming a parent. Furthermore, the expected educational goal of the YPP of attaining National Certificate in Educational Attainment (NCEA) Level 2 or equivalent would not necessarily "lead towards meaningful study or employment" (Office of the Minister for Social Development, 2012; 6) as this level of attainment is insufficient for entry to tertiary education. Such claims focus on the responsibility of individuals to earn social inclusion through participation in education rather than acknowledging educational success as a reflection of social integration more broadly and as a citizenship right (Kidger, 2004). Moreover, education is a contested and problematic issue in Aotearoa/New Zealand in relation to Māori achievement. Education has been an instrument of colonial assimilation and attempted Māori cultural annihilation (Pihama, 1996) and the low rates of Māori educational achievement in whitestream education institutes reflect this history. Forcing young Māori parents back into a whitestream education system that has a history of failing and excluding Māori is another disciplinary practice and provides opportunities for surveillance rather than success.

Punitive: Justifying Breaching Young Parent's Rights

Discourses constructing what it means to be young, a parent, and on welfare are drawn on to justify differential treatment of young parents in the YPP. Both the Ministry of Social Development and the Ministry of Justice concede that the YPP is inconsistent with the Bill of Rights Act and the Human Rights Act in relation to the right to freedom from discrimination (MoSD, 2012c; 7). However, the government justifies the discrimination by citing section 5 of the Bill of Rights which allows for reasonable limits to human rights.

Reducing long-term welfare dependency and providing social support to undertake education or training are cited as reasonable objectives to limit human rights (Orr, 2015, para 16). Furthermore, these same objectives of reducing welfare dependency and improving social outcomes for both mother and child are used to justify breaching the privacy and confidentiality of young parents on welfare. An approved information-sharing agreement authorises professionals such as schools, doctors, nurses, teachers, social workers and police to disclose information they hold about young parents to the Ministry of Social Development and contracted providers (Office of the Privacy Commissioner, 2012, p 2).

This extensive surveillance and monitoring of young people reinforces their construction as an at-risk population. Furthermore, this surveillance and monitoring is premised on a colonial gaze about appropriate life course trajectories and 'good' parenting practices which marginalize young Māori parents.

The Young Parent Payment as a Disciplinary Technology

The YPP assumes that by deviating from the preferred life course trajectory of completing education and being financially independent before having children, young mothers are unsuitable parents, put their children at risk, pass on welfare dependency, and produce negative social outcomes. The punitive nature of the YPP also cautions other young people against pregnancy and thus acts to protect society from the threat of early childbearing. It uses punitive disciplinary techniques such as increased monitoring and surveillance and financial sanctions to leverage an extensive range of additional social obligations for both parent and child. These social obligations are more intensive than those for older beneficiaries or beneficiaries without children. The imposed social obligations are based on the unsubstantiated assumption that participation in health, education, parenting and budgeting services will improve outcomes. However, after more than three years, an evaluation and an extension to the new Youth Service, this improvement in outcomes still cannot be determined for young parents. The Net Present Value (NPV) evaluation, which measures the predicted change in lifetime costs to the welfare system of social investment in the YPP, has not demonstrated 'investment returns'. There is no evidence that the YPP reduces the number of years on welfare, reduces long term financial or material hardship, or significantly improves outcomes for children (MoSD, 2015; 29).

A brief review of outcomes for Māori in key social development areas, particularly health, education and welfare, suggests that the current systems are not working favourably to reduce disparities or improve the situation for Māori (Ministry of Social Development, 2012c). According to Māori academic Leonie Pihama, assuming that western institutions are an appropriate means by which to promote desired citizenship and ultimately contribute to

social control of Māori “is to further marginalise Māori people and perpetuate an agenda that promotes the assimilation of Māori people” (Pihama, 1996; 118). Forcing young parents (back) into health, education and social systems which may have failed them previously and contributed to current disadvantage and assimilation is a disciplinary technique (MacLeod, 2001). The YPP lacks any acknowledgement of the ongoing effects of colonisation and racism in “mainstream” institutions or cultural responsiveness in a policy that disproportionately affects and marginalizes a significant number of young Māori mothers and their children.

Conclusion

A Foucauldian analysis of the YPP elucidates how biopower is employed through governmentality to shape Aotearoa/New Zealand’s social ‘support’ for young Māori mothers who require financial assistance. The legislation draws on discourses about ethnicity, age, mothering and welfare to construct expectations regarding being a ‘good’ mother and productive citizen. Those who do not conform to the normalised childbearing subject and who are not financially independent are positioned as problematic to society and requiring regulation. Young Māori mothers are positioned as deviant and a risk to their own children, to the economy and to Aotearoa/New Zealand society and therefore requiring management. This provides the justification for disciplinary technologies in the form of legislation, institutions and surveillance to manage and police the threat. The YPP can be understood as an extension of the social investment approach. It prioritises employment (or education) over caregiving responsibilities and assumes that the state is a better judge of improved outcomes than families. It associates economic productivity with ‘good’ parenting and promotes the importance of earning social inclusion through employment. It targets a specific population (who are disproportionately Māori) based on their age, family status and economic status. The YPP also casts early childbearing for Māori as problematic and thus (re)produces the stigmatisation, regulation and existing health and social inequalities that affect young Māori parents. In this sense, the YPP continues the efforts of colonisation, oppression, marginalisation, social exclusion and assimilation of the most disadvantaged. As such, it will continue to unfairly target and discriminate against young Māori parents.

Such narrow policies to reduce welfare dependency distract attention from the broader historical, structural, social, cultural and contextual inequalities of early childbearing and social assistance for Māori. For young Māori parents, “the experience of welfare is shaped not only by welfare policy, but also by the broader legal and social regulation of Aboriginal peoples’ lives, which is rooted in ongoing colonial practices” (Pulkingham, Fuller & Kershaw, 2011; 272). Socioeconomic deprivation, inequality in health and education

outcomes, colonialism, racism and ageism produce the 'problems' of social exclusion, such as intergenerational welfare dependency and negative outcomes for young parents and their children. However, government can be an integral part of the formation of a powerful discourse on early parenting for Māori, as it is able to authoritatively reinforce constructions that support parenthood as a valued part of citizenship. Government 'support' can do more than just focus on economic self-sufficiency via education. Policy could recognise young Māori parents' positive experiences of parenthood and the importance of acceptance and social and cultural connectedness to the experience of parenting. Policy also needs to acknowledge Māori rights as indigenous peoples to self-determination, to involvement in culturally responsive policies that significantly affect them, and to be Māori without being defined as a risk or a problem. Young Māori parents have a right to reproductive justice, to parent without state surveillance and forced intervention. They also have a right to social justice and to receive adequate economic and material resources when necessary.

Te Pō: The Becoming

Nā Te Kore Te Pō (from the void the night)

Te Pō-nui (the great night)

Te Pō-roa (the long night)

Te Pō-uriuri (the deep night)

Te Pō-kerekere (the intense night)

Te Pō-tiwhatiwha (the dark night)

Te Pō-tē-kitea (the night in which nothing is seen)

Te Pō-tangotango (the intensely dark night)

Te Pō-whāwhā (the night of feeling)

Te Pō-namunamu-ki-taiao (the night of seeking the passage to the world)

Te Pō-tahuri-atu (the night of restless turning)

Te Pō-tahuri-mai-ki-taiao (the night of turning towards the revealed world)

Te Pō is the second phase of creation and is about moving from potential to realisation. It provides a useful context in which to consider how the research objectives for this study were realised through the approach taken. It explains how 19 young Māori parents from the Manawatū were recruited, and interviewed about their experiences of pregnancy, birth and parenting. It also includes how their kōrero were analysed. This section consists of two chapters. The first chapter was published as a journal article and discusses the research approach particularly in regards to Māori innovations in narrative inquiry. It introduces a newly developed method called Kaupapa Kōrero and includes some examples of the type of findings produced from this method. The second chapter details the participants, location and recruitment procedure. It also includes more detail about the methods of interviewing and group discussion. Lastly, ethical considerations, cultural guidance and my own reflections are examined.

Chapter Four: Kaupapa Kōrero: A Māori Approach To Narrative Inquiry

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Abstract

In Indigenous culture, stories are a common repository of knowledge and facilitate the process of knowing. Māori academics have developed approaches based on key principles of Māori research, oral traditions and narrative inquiry to express experiences as Māori. To extend this, a Māori approach called Kaupapa Kōrero was developed to gather, present and understand Māori experiences. The application of whakapapa as a relational analytical framework provided a way of identifying personal kōrero (stories) and integrating them within layers of interrelated kōrero about their whānau, Te Ao Māori and society that influences contemporary experiences of being Māori. Whakapapa also enabled a cross-examination of kōrero and identification of common intersecting factors such as Māori ethnicity, age, parenting status and socioeconomic position. This Māori narrative approach revealed a more complex and nuanced understanding of the interrelatedness and influence of societal expectations, indigeneity, Māori culture and whānau.

Keywords: narrative inquiry, Indigenous methodology, Māori research, pūrākau

Introduction

In Aotearoa New Zealand, Māori researchers are utilising approaches based on key principles of Māori research, oral traditions and narrative inquiry to express experiences as Māori. Drawing on key principles of Māori research ensures that the research is controlled by Indigenous peoples, conducted according to their cultural preferences and beneficial for them. Utilising oral tradition is a way of privileging a Māori customary practice of understanding and passing on knowledge. Employing a narrative approach to understand personal stories helps to contextualise the actions of the narrator and of other characters in their story within broader social influences.

This article builds on Māori approaches for narrative based inquiry with a focus on Māori principles (kaupapa), a Māori concept of narrative (kōrero) and analysis (whakapapa). These concepts ensure that the way the stories are shared, presented and understood aligns with Māori preferences. It also privileges the voices of the participants and takes into account the multiple and sometimes divergent social and cultural contexts that influence the experience of being Māori. Kaupapa Kōrero involves examining the interrelatedness of different layers of kōrero as well as the intersection of common influencing factors that shape the experiences of the participants.

Kaupapa Kōrero was developed as part of a doctoral research project with young Māori parents that explored their experiences of support during pregnancy, birth and early parenting. This Māori approach to narrative research demonstrates how storying young Māori parents' experiences within their social, cultural, historical, spiritual and political contexts illuminates Māori identity, culture, experiences and ways of knowing that might not otherwise be apparent. Accordingly, culturally based approaches to narrative research become an empowering space to advance Indigenous priorities and agendas.

Indigenous Research and Narrative Inquiry

Indigenous methodologies draw on local ways of meaning making as the source of theoretical approaches to understand their own experiences. These approaches “privilege Indigenous knowledge, voices, experiences, reflections, and analyses of their social, material and spiritual conditions” (Rigney, as cited in Smith, 2005, p. 87). Within this approach, Indigenous research can use a wide range of Indigenous and non-Indigenous methods and analysis tools (Jahnke & Taiapa, 2003):

[I]t is not the method, per se, that is the determining characteristic of Indigenous methodologies, but rather the interplay (the relationship) between the method and paradigm and the extent to which the method, itself, is congruent with an Indigenous worldview. (Kovach, 2010, p. 40)

Crucial to Indigenous research is the prioritising of the Indigenous peoples for which the research will be of benefit in every aspect of the research, including the design, method and analysis.

Narrative-based inquiry has attracted the attention of Indigenous scholars seeking research methodologies that complement Indigenous research principles and methods of knowledge transmission (see, for example, Archibald, 2008; Bessarab, 2008; Bessarab & Ng'andu, 2010; Bird, 2014; Kovach, 2009; Lekoko, 2007; Sandri, 2013; Thomas, 2005; Willox, Harper, & Edge, 2013; Wilson, 2001). In Indigenous cultures, narrative is a common means of codifying knowledge and facilitating the process of knowing (Archibald, 2008; Kovach, 2009; Lekoko, 2007; Smith, 1999; Thomas, 2005). Indigenous narratives explain their origins; locate them physically, socially, environmentally, culturally and spiritually; and often transcend time and space.

Narrative also has a specific meaning and purpose in a research context (Reissman, 1993). For example, narrative based inquiry refers to retrospective meaning-making (Squire et al., 2014). Broadly speaking, narrative is a way of understanding one's own and others'

actions, of developing a plot and organising events into a meaningful whole (Chase, 2005). Narrative can be employed to connect and make visible the consequences of actions and events over time (Squire et al., 2014). Narratives are both enabled and constrained by a range of social resources and circumstances (Murray & Sargeant, 2012). The construction of self and identity is premised on expectations within the narrator's community, local setting and social group, as well as the prevailing cultural and historical circumstances (Somers, 1994).

Consequently, there are four typical features highlighted within narrative research. The first is recognition of the individual person telling the story. Second, acknowledging the subjective dimension of lives and the importance of meaning within stories is important. Third is the recognition of the contribution of context to meaning. Finally, the collaborative construction of stories between the storyteller and the listener is acknowledged (Mishler, 1986, as cited in Kirkman, Harrison, Hillier, & Pyett, 2001, p. 281). Attending to these features of narrative enables the researcher to see individual accounts as structured by wider social imperatives and to understand how structuring forces are played out within and between people (Bamberg & Andrews, 2004).

Narrative inquiry can take many different forms. When narrative is used in an Indigenous framework, Kovach (2010) outlines some distinct differences to a Western narrative approach. For example, an Indigenous narrative is

a) linked to a particular tribal epistemology (or knowledge) and situated within an Indigenous paradigm; b) it is relational; c) it is purposeful (most often involving a decolonizing aim); d) it involves particular protocol as determined by the epistemology and/or place; e) it involves an informality and flexibility . . . (Kovach, 2010, p. 43).

Furthermore, Archibald (2008, p. ix) identifies seven similar principles related to using First Nations stories and storytelling for educational purposes: respect, responsibility, reciprocity, reverence, holism, interrelatedness and synergy. There are many different forms of Indigenous narratives. Indigenous oral narratives—also known as storying, storytelling, story work, talk story or yarning (Kovach, 2010; Thomas, 2005)—are the focus of this article.

Māori Research and Narrative

In Aotearoa New Zealand, Māori researchers have also explored how aspects of narrative-based inquiry align with Māori understandings and expectations of research (Erueti, 2015; Herbert, 2018; Hollis-English, 2012; Ruwhiu, 2008; Wirihana, 2012). Narratives are an important process by which Māori analysed and understood the historical, social and environmental contexts (Wirihana, 2012). Māori narratives convey key cultural

understandings such as whakapapa, tribal histories and cultural values. Narratives can be expressed through a wide range of forms. There are oral traditions such as whakataukī (proverbial sayings), oriori (lullaby), mōteatea (chant), waiata (song), pūrākau, kōrero (narrative). There are also rituals (e.g. pōwhiri (welcome ceremony), karakia, karanga (welcome call), whaikōrero (welcome speech) and performing and visual arts (such as kapahaka (dance), whakairo (carving), rāranga (weaving), tāmoko (tattooing), and tāniko (embroidering). These examples demonstrate the importance of narrative for transmitting culture, history and values and the ways that narrative as a form is given expression through many practices. This article focuses on a contemporary interpretation of the oral tradition of kōrero or narrative. In Māori culture, oral tradition was a primary form of communication for transmitting knowledge (Lee, 2005, 2009; Smith, 1999).

Māori academics have utilised narrative inquiry to honour the participants and their voices by including participants' stories in their own words (Wirihana, 2012). Using a narrative approach sees the narrative as valid in and of itself and focuses on its uniqueness as opposed to its generalisability. This is particularly important for Māori, as Māori voices and experiences are often missing from the research archive or marginalised by the research process. The intent of narrative inquiry is to use research to empower Māori on the margins to "tell their story" (Wirihana, 2012, p. 207). Second, narrative inquiry has the capacity to contextualise experiences in their social, cultural, political and historical contexts (Wirihana, 2012). The ongoing effects of colonisation and racism, socioeconomic deprivation, urbanisation, Māori cultural revitalisation, Māori self-determination and Māori–Crown relations are important to understand contemporary Māori experiences. Finally, narrative inquiry allows for reflexivity and co-construction of narratives which aligns with the subjective nature of Māori research. While inquiry-based narrative and Māori narrative have similarities, there are also important distinctions. A Māori narrative is grounded within Māori epistemology and ontology, reaffirming the validity of Māori knowledge and ways of knowing and reflective of contemporary Māori understandings and expectations for research.

Māori Narrative Approaches to Research

Māori researchers and practitioners have drawn on oral tradition and narratives to express experiences as Māori (Elkington, 2011; Erueti, 2015; Hollis-English, 2012; Lee, 2005, 2009; Ruwhiu, 2008; Wirihana, 2012). For example, Ruwhiu (2008) used a narrative approach which she called "rāranga kōrero" (weaving together of people and spirituality through talk) to explore the production and dissemination of organisational theory knowledge in her research in Māori business (p. 4). Hollis-English (2012) developed a narrative framework which she called kōrerorero (conversations) to explore Māori social workers'

experiences within social service organisations. Elkington (2011) utilised a narrative approach for counselling which was based on a Māori framework for human development that encapsulates spirituality and links Māori back to their godly ancestors.

There has also been a recent burgeoning interest in pūrākau as a Māori narrative approach to research. The use of pūrākau as a narrative method in research was pioneered by Associate Professor Jenny Lee (2005, 2009) in her research about ako (Māori pedagogy) and Māori teachers' work in secondary schools. Far from the narrow contemporary misinterpretation of pūrākau as mere myths, legends or fictional stories, pūrākau provide explanations for the foundations of culture, social interaction, values and customary practices (Ware, 2009). Pūrākau, also referred to as pakiwaitara, kōrero tuku iho and kōrero paki, contains "philosophical thought, epistemological constructs, cultural codes, and worldviews that are fundamental to our identity as Māori" (Lee, 2009, p. 1). Using this storying form of delivery enabled the narrator to provide a personalised account, situated in a wider context, showing the impact on a range of relationships, and situating it in an unfolding history (Lee, 2005).

Lee (2009) asserts that although pūrākau derives from an oral tradition, it can include storying in contemporary contexts and can continue to provide the stimulus to write, create and research in ways that are culturally responsive. "[P]ūrākau can continue to be constructed in various forms, contexts and media to better understand the experiences of our lives as Māori—including the research context" (Lee, 2009, p. 1).

Lee (2005) utilised pūrākau, guided by kaupapa Māori (principled Māori approach) and drawing on narrative inquiry to research the ways "being Māori" is embedded in the pedagogical practices of the Māori teacher in "mainstream" secondary school (p. 7). Her research identified three aspects of pūrākau—the portrayal, politics and provocation—that she asserts are particularly suitable for Māori conducting narrative research with other Māori about their experiences of "being Māori". This model demonstrates the potential of oral traditions and Māori narratives to be applied as a research method that informs the way research is undertaken.

The portrayal aspect refers to the worldview, values, forms of understanding and expression that the storyteller draws on (Lee, 2005; Wirihana, 2012). It is similar to the context and its contribution to meaning of narrative inquiry. For example, pūrākau guides us

*to speak in a language that draws on our own ways of seeing,
speaking and expressing ourselves in order to bring "to life" the
issues and complexities of our experiences that may be culture
specific and local and/or more universal in nature. (Lee, 2005, p. 10)*

The storyteller and listener need to have some shared understandings of the issues and complexities of experiences that may be gender-, age-, class- or culture-specific in order to privilege these marginalised voices.

The political aspect ensures ethical research practice by working in the best interests of Māori (Hollis-English, 2012; Lee, 2005; Ruwhiu, 2008; Wirihihana, 2012). This component is similar to the co-construction element of narrative by the storyteller (participants) and the audience (researcher) and the importance of meaning within stories. This includes addressing issues of authenticity, accountability, accuracy and power relations between the researcher and participants (Lee, 2005, p. 10). For example, traditionally, storytelling was a communal activity; the storyteller was conscious that stories they were telling or retelling were not their own or isolated from other people or their environment. Rather, the stories involved, and therefore belonged collectively to, the whānau, hapū, or iwi. Therefore, the storyteller had a responsibility to get the story “right”; it would be corrected (sometimes in a public arena) if they got it “wrong”. Furthermore, a pūrākau “is not merely a process of reproduction, the researcher’s ideologies, knowledge, subjectivities and politics are apparent” (Lee, 2005, p. 11). Therefore, pūrākau is political and seeks to influence certain attitudes and behaviours.

Finally, the provocation aspect seeks to effectively engage with its audience (Lee, 2005; Wirihihana, 2012). For example, the power of pūrākau to maintain and share knowledge is in its provocative nature to entertain (Lee, 2005). The rendition of pūrākau is varied and dependent on the topic, the narrator and the audience. Pūrākau is carefully constructed and skilfully delivered to appeal to the audience’s aural and emotive senses in order to ensure that the knowledge held within is maintained and transmitted to future generations. Pūrākau provides depth to an idea, inspires or issues a caution, and can not only encourage an intellectual response but also provoke emotional, spiritual and physical reactions and should stimulate reflective thinking. In this way, the capacity to entertain is not frivolous or superfluous but provides an opportunity to situate the listener within the unfolding story, to understand the implications of the story for themselves and others and to anticipate consequences.

The pūrākau model has been utilised, adapted and developed by fellow Māori academics for their specific research purposes (Erueiti, 2015; Wirihihana, 2012). For example, Wirihihana (2012) employed the pūrākau model to work collaboratively with Māori women leaders, explore the nature and development of leadership in the Māori community and use mātauranga to analyse their life story experiences. She also developed a thematic analytical framework to interpret the women’s life stories by dissecting the word pūrākau into smaller units or themes. “Pū” considers the source of leadership roles, “rā” examines the

experiences which lead to enlightenment, “ka” explores how the women’s past experiences had influenced their current and future roles and aspirations and “ū” highlights the individual strengths the women bring to their leadership roles. Furthermore, Erueti (2015) implemented Wirihana’s pūrākau framework to illuminate how Māori athletes experience, interpret and negotiate the juncture between Māori identity and elite sport (p. 104).

Māori academics have utilised Māori narrative approaches in diverse ways. These approaches have drawn on key principles of both Māori research and narrative inquiry. These principles include honouring Māori oratory forms of sharing mātauranga and tikanga. Māori voices are privileged by locating Māori participants and their experiences as the focus of the research. Māori experiences are contextualised within spiritual, historical, social, cultural and political contexts. Finally, the role of the researcher in the co-construction of Māori narratives is acknowledged.

However, these principles have mostly been employed to collect experiences and present stories with little explanation of how these principles inform our understanding of these stories. Indigenous researcher Sandri (2013) notes that “[T]here is less attention paid to how Indigenist narratives are best analysed” (p. 101). I extended on these Māori narrative approaches and developed an approach informed by all of the previously identified principles of Māori narrative, with the addition of a framework to help understand and contextualise Māori experiences.

Kaupapa Kōrero: a Māori Narrative Approach

A Māori narrative approach called Kaupapa Kōrero was used in doctoral research to gather, present and understand young Māori parent’s experiences of support during pregnancy, birth and early parenting. It is founded on a Māori approach to research. This is best illustrated by examining the two terms kaupapa and kōrero.

The root of the word kaupapa is papa, which means base and foundation. Papa is also a shortened version of Papatūānuku from whom Māori descend and are nourished. In this context, kau means to appear for the first time, to come into view, to disclose (Māori Marsden, 2003). Therefore, kaupapa means a base or foundation for understanding, knowledge and action. Kaupapa is therefore both fixed in Māori customary understandings and fluid in being able to respond to contemporary phenomena. The key kaupapa identified in this research were based on the experiences of being Māori, being young parents and requiring support. Kaupapa informed the way the young Māori parents construct their identities and relationships to others.

Kaupapa has been paired with the term Māori to describe a Māori philosophical approach that has been applied to education and research (discussed previously). The term

kaupapa is also linked (through the root word papa) with whakapapa (genealogy). Kaupapa provides the theoretical foundation on which whakapapa, the primary organising principle for the creation, development and transmission of knowledge, can then add layers of meaning and experience (Royal, 1998). The central ideas of whakapapa are procreation; all phenomena are brought forth by antecedent phenomena, and the interrelationships between phenomena.

The principle involves identifying the (parent) antecedents and exploring their influence on the (child) descendant (see Figure 1). This principle can be re-applied to each phenomenon, for example, to identify the grandparent antecedents (or broader issues).

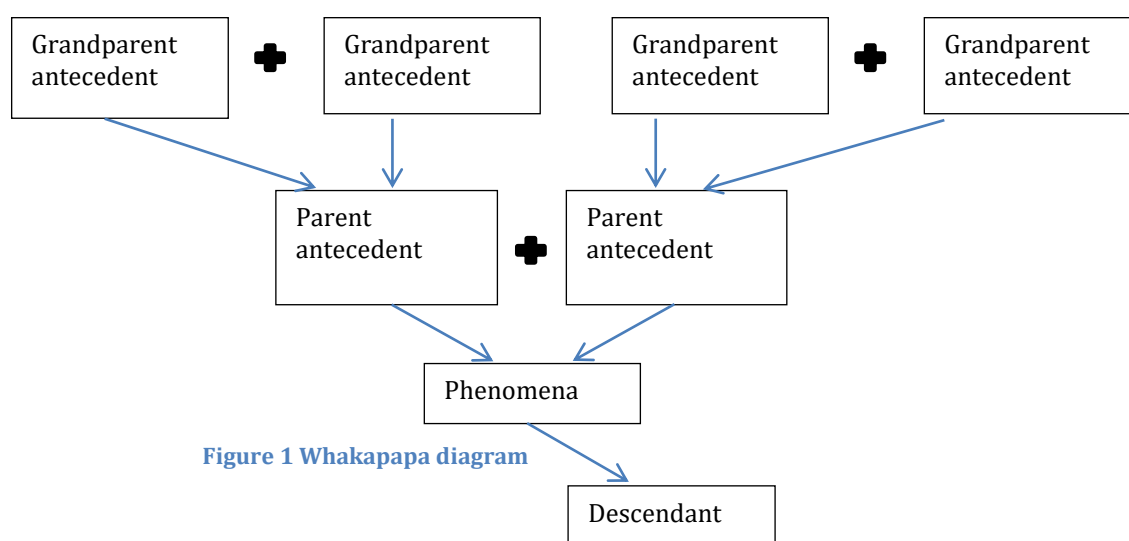


Figure 1 Whakapapa diagram

More than just a genealogical descent of all things from the atua to the present, a whakapapa framework also predicts future outcomes. In addition to describing a full range of co-generational and inter-generational relationships, this framework can also be used as a tool for scientific inquiry to examine the nature, origin, interrelatedness and future predictions of events and experiences. This layering of meaning and experience can be achieved through kōrero (telling stories) which allows people to locate themselves in the world, both figuratively and in relation to their ancestors and future descendants (Royal, 1998).

Kōrero means to converse and refers to the expression of thoughts (from one person to another) (Williams, 1957, p. 142). It is a Māori form of oral narrative (Hollis-English, 2012; Ruwhiu, 2008) and is similar to other Indigenous forms of conversing, such as yarning (Bessarab, 2008) and talk story (Kovach, 2010). The cultural significance of kōrero is captured in the proverb “Tā te rangatira tāna kai he kōrero” (the chief’s sustenance is discussion) (Mead & Grove, 2001, p. 362). Because this proverb asserts kōrero as a chiefly endeavour, it thereby also recognises the chiefly status or significance of those who kōrero

and share their story. This influences the way in which topics are chosen and discussed and the interaction between participants and the outcomes of the kōrero of those involved. This communication method is congruent with an Indigenous paradigm and values such as respect, relevancy, reciprocity and responsibility (Kovach, 2010, p. 45). It also determines an ethical research process by addressing issues of rigour such as authenticity, accountability, accuracy, purpose and power relations between the researcher and participants.

When applied to research, Kaupapa Kōrero is a Māori narrative approach that has specific implications for gathering kōrero and representing and understanding these stories. Similar to previous Indigenous narrative approaches, it is created by Māori, for use with Māori, and expresses Māori aspirations, values and perspectives. It may involve āhuetanga (Māori attributes), tikanga and te reo and is an expression of mātauranga. In addition, it is a narrative approach because it is based on a Māori oral tradition of discussion and sharing knowledge and draws on a shared understanding of Māori spiritual, historical, social, cultural and political experiences. Furthermore, the application of a whakapapa framework locates individual kōrero within a web of interrelations and analyses the layering of kōrero and kaupapa that influence each person's story.

Research with Young Māori Parents

This approach was chosen for use with young Māori parents as it addressed the intersecting and layered marginalisation of being a young person, a young parent, Indigenous/Māori and coming from disadvantage (Ormond, 2006). By considering the broader historical, social, cultural and political contexts, it created the opportunity to write about culture, identity and early parenting and the experiences, challenges and successes of young Māori parents that are rarely explored in the literature. Their experiences were also able to be situated within the interdependent relationships of whānau, and Māori knowledge and traditions around early childrearing.

Gathering the Kōrero

The application of Kaupapa Kōrero involved gathering stories from young Māori parents. Fifteen in-depth life-story interviews of an average of one hour were conducted with eleven single participants, two couples and two pairs of friends. The interview was focused on how young Māori parents experienced support (or not) during pregnancy, birth and early parenting. The kōrero began with asking the young parents to remember how they felt when they first found out that they had conceived a child. When stories came to an end, the conversation was continued with open-ended semi-structured discussion points and prompts about their experiences of any type of support during this time. For example, there were

prompts about support from family, partner and friends; support from professionals; financial, practical and emotional support; and support to undertake Māori practices. The kōrero included significant events such as finding out they were pregnant, telling their whānau, changing lifestyles, preparing for the baby, labour and birth, breastfeeding and parenting. Key relationships with family members, partners, friends and supporting professionals also featured. These kōrero were conducted in English according to the interviewee's preferences and were transcribed verbatim and returned to the participants for verification.

Presenting the Kōrero

The individual stories or kōrero provide insight, understanding and assistance to counter some of the public stereotypes and preconceptions about young Māori parents. I then re-listened to the audio conversations and re-read the transcripts and remembered my own emotional reactions to the kōrero. The unique influence of the interviewer (Cooper & Burnett, 2006) and any fellow participants (some interviewed as couples or as friends) on each kōrero was also explored.

As a Māori mother, I shared some similarities with the young Māori parents. However, my difference in age, education, employment, relationship status, Māori identity and ability in Māori language was apparent when one young Māori parent contrasted themselves against myself and said, "I bet you don't get treated like that ay? You don't get told what to do as an older mother?!" This young Māori parent highlighted that although we shared some commonalities as Māori, as women and as mothers, our difference in age (and possibly socioeconomic status) meant that we were perceived and treated differently by society.

The context of the interview was also important. This included the impact of location, as there were differences in the confines of interviewing at a teen parent unit (separate secondary school for pregnant and parenting teenagers) as opposed to in their home.

Background information about each young Māori parent was summarised to provide some backstory and context to each kōrero. Stories about support or the lack of support were identified. If the same experience was talked about on separate occasions, its fragmented parts were collated into one chronological representative summary. As much of what the young Māori parents said was included in their own words to honour the mauri (essence) of their story. My own summary interpretation of each kōrero was also included to help the reader understand which parts of the kōrero I deemed important.

Understanding the Kōrero Using Whakapapa

Kaupapa Kōrero enabled the implementation of an Indigenous relational worldview to analyse the kōrero. Western approaches to narrative analysis are typically temporally and spatially structured (they locate the stories times and places that are chronological and linear in nature) (Ricoeur, 1980; Riessman & Quinney, 2005). A Māori worldview is also based on relationships and Indigenous notions of interrelatedness and interconnectedness with the natural environment and the past, present and future (Hart, 2010; Kovach, 2010).

Whakapapa, as the primary organising principle for the creation, development and transmission of knowledge, structures analyses in terms of identifying layers of relationships and kaupapa (themes) that influence each person's story. Whakapapa also seeks connections across all participants' kōrero to illustrate similarities in the experience of parenting for young Māori. This revealed the significance of common themes of being (too) young, (early) parenting, cultural identity, and coming from disadvantage.

While each participant constructed their own identity, these identities were also linked to others. As Māori, they were linked to significant others as well as to Te Ao Māori. As young parents, they were part of society both as young people and as parents. The contexts in which these relationships are expressed must be understood to be able to make sense of the kōrero. The individual kōrero (Tōna Ake Ao - personal experience) were contextualised within the broader determinants of Tōna Whānau (significant relationships), Te Ao Māori and Te Ao Whānui (broader social, economic, historical and political context). These "layers" are not exclusive but are symbiotic and overlap with each other as demonstrated in Figure 2.

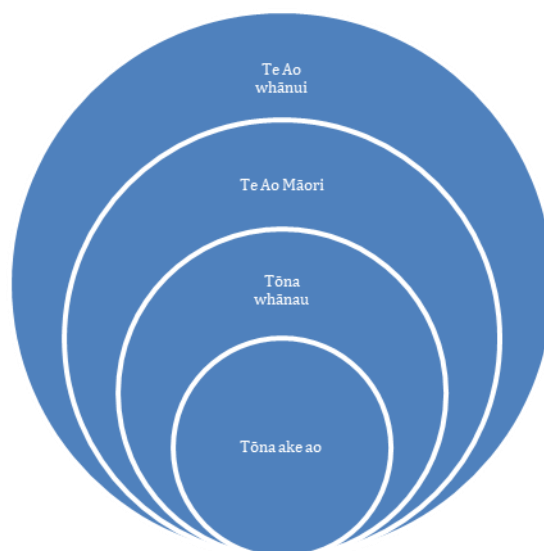


Figure 2 Kaupapa Kōrero analytic framework

Applying a whakapapa approach helps to identify these layers of relationships with differing interpretations of the same kōrero, giving a more contextualised and nuanced understanding of the experiences of young Māori participants.

Tōna Ake Ao

This layer of kōrero was about the personal experiences of the young Māori parents. Similar to narrative analysis, this layer focused on explaining self and constructing identity (Murray, 2000; Somers, 1994; Stephens & Breheny, 2013). It often involved resisting, challenging and countering negative stereotypes (Bamberg & Andrews, 2004) especially about young parents (Barcelos & Gubrium, 2014; Kirkman et al., 2001) and being Māori.

For example, by identifying this layer of kōrero, the research provides a positive fathering identity which challenges dominant societal discourses of young fathers being absent, uninterested, immature or incapable (Lau Clayton, 2016; Tuffin, Rouch, & Frewin, 2010). Tāne Mahuta¹¹, one of the young Māori fathers, constructs himself as a purposeful father. He was interviewed alongside his partner/mother to their daughter, and his personal kōrero is further illuminated by the contrast to her kōrero. She defined herself as a child engaging in some behaviours that had significant consequences who was shocked, upset and scared about becoming a parent. She depended on the support of her partner and made changes in order to fulfil her expectations about parenting, whereas Tāne Mahuta fully embraced the father role and was happy about finding out that they were expecting a baby. He was confident in their ability to raise a child despite being young. Becoming a father motivated him to settle down, gain meaningful employment and be heavily involved in parenting so that he could provide a stable and loving environment for his daughter. Fatherhood facilitated his positive transition into adulthood.

Tōna Whānau

This layer of kōrero was about the relationships with significant others such as partners, friends and whānau (mostly parents, grandparents and siblings). Some participants also identified supportive health professionals (such as midwives, social workers, child health nurses) as significant supporters at this level of analysis. This layer bears some similarities to the interpersonal level identified by narrative researchers (Murray, 2000; Stephens & Breheny, 2013). This layer also examined the generational context of these relationships, such as whether relationships are between or within generations. Place is also key to understanding these relationships as places often structure the power dynamics in relationships, governing who may speak, to whom, how and with what authority. Personal

¹¹ Pseudonym.

relationships were mostly narrated within the family home, hospital, teen parent unit, school and teen antenatal class (childbirth education).

For example, Tāne Mahuta described strong positive relationships with his whānau, particularly his brother and his friends. He locates these relationships as occurring in his hometown and in his home and as mostly peer associations. These relationships intensified when he became a father in order to better support him to parent. In this way, Tāne Mahuta had significant others who were involved in his kōrero about himself as a 'good' father, surrounded by people keen to see him succeed in this role.

Te Ao Māori

This layer of kōrero was about Māori identity and participation in Māori society such as in whānau, hapū, iwi, marae, Māori communities and Māori institutions. Māori academics also emphasise the importance of examining Māori identity or being Māori in their narrative analysis (Erueti, 2015; Hollis-English, 2012; Wirihana, 2012). It is also important to consider the ongoing effects of colonisation, racism, socioeconomic deprivation, urbanisation, Māori cultural revitalisation, self-determination and Māori–Crown relations on the inter-generational transmission of Māori culture and language and the maintenance and expression of Māori identity. While some young Māori parents have been dislocated from their culture and language, others have benefited from recent revitalisation efforts such as total immersion Māori language education.

For example, Tāne Mahuta did not necessarily come from a tradition of early childbearing and, unlike his partner, had no previous experience in raising children. However, his upbringing in traditional Māori values, including attendance at a Māori immersion school, fostered his understanding of the importance of the father role and his confidence to be a parent when the time came. For Tāne Mahuta, membership in Māori society provided a positive identity he was proud to embrace. This strong identity as Māori was part of narrating his key role in parenting, to nurture his child to also have a strong link to Māori culture.

Te Ao Whānui

This layer of kōrero was about linking self with the public, that is, New Zealand society and the world. Similarly, narrative researchers have pointed to the ways that personal stories are located within societies (Bamberg & Andrews, 2004; Murray, 2000; Somers, 1994; Stephens & Breheny, 2013). These stories include the historical, political and social stereotypes, and assumptions about young parents (Breheny & Stephens, 2010). Silencing or privileging voice (Barcelos & Gubrium, 2014) is a key element at this level of

kōrero. Deconstructing assumptions is part of highlighting the intersecting and layered marginalisation of being young, a parent, Māori and coming from disadvantage.

For example, Tāne Mahuta is aware of the stigma attached to being a young Māori parent. He explains that he has been negatively judged and discriminated against for being a young parent and being Māori. Tāne Mahuta feels that he is scrutinised more for his parenting than other parents and expected to fail because he is young and Māori. This indicates that health and social service provision draws on a range of public or societal narratives to understand young parents, and the ones used have important influences on the care and support parents receive.

The personal kōrero were also cross-examined for common themes (Braun, Clarke, & Terry, 2014) or kaupapa. The key common experiences of being young, a parent, Indigenous/Māori and coming from disadvantage emerged. One of the common themes or kaupapa running through Tāne Mahuta's kōrero is the experience of being a young parent. By identifying the distinct layers within his kōrero, the many potential different ways that early parenthood is framed are apparent. Tāne Mahuta draws on support from his whānau and friends (Tōna Whānau) and positive father roles from Te Ao Māori, to construct his own experience of becoming a young father positively. However, he is still affected by the negative framing of early parenthood from Te Ao Whānui which constrains the way he can talk about being a parent.

Developing Situated and Culturally Relevant Analysis

Kaupapa Kōrero provides a way of identifying and integrating layers of kōrero and kaupapa that influence the experience of parenting for young Māori. Moreover, this approach takes the Māori understanding of whakapapa and applies this to understanding experience. It extends upon previously identified narrative levels (Murray, 2000) with Māori constructs such as whānau, tikanga and Māori identity. Without this approach to analysis, it is tempting to focus on the participants' kōrero as reflections of their experiences of making a transition to parenting (Tōna Ake Ao).

Kaupapa Kōrero points to the ways these accounts need to incorporate the relational and shared aspects of narrative (Tōna Whānau) and to situate these accounts in a Māori worldview (Te Ao Māori) and what it means to be Māori and a Māori parent. These kōrero also need to be located in terms of wider social accounts (Te Ao Whānui) of what it means to be a young parent and Indigenous in particular, which structure the experiences young people have as they make the transition to parenthood. The layers within Kaupapa Kōrero demonstrate that young Māori parents navigate notions of early childbearing and Māori identity that affect their everyday lives.

Kaupapa Kōrero both incorporates elements of narrative theorising (Bamberg & Andrews, 2004; Murray, 2000; Somers, 1994; Stephens & Breheny, 2013) and situates this in a Māori research approach (Pihama, 2010; Smith, 1999) to provide a framework for ethical research. Similar to other Māori narrative approaches (Erueti, 2015; Hollis-English, 2012; Lee, 2005, 2009; Ruwhiu, 2008; Wirihana, 2012) it draws on a Māori oral tradition of sharing knowledge and Māori values and beliefs in order to privilege Māori voices and experiences. It locates Māori experiences within the spiritual, historical, social, cultural and political contexts and critically examines the role of the researcher in ensuring ethical research. However, a Kaupapa Kōrero approach also applies a whakapapa analytic framework to identify and examine interrelated layers of kōrero and kaupapa that influence young Māori parents' experiences.

This approach takes the Māori understanding of whakapapa and applies this to understanding experience. Whakapapa understands phenomena as part of a continuum, inextricably linked to the antecedents that gave rise to it and to the events that occur subsequently (Royal, 1998). To know each layer of kōrero, we need to understand how it develops, how it has come to be and how it will proceed. For example, to know the story of young Māori parents, we need to understand where they have come from and where they see themselves heading. Kaupapa Kōrero provided an opportunity to highlight aspects of support during pregnancy, birth and early parenting that often sit on the periphery, such as the centrality of indigeneity, Māori identity, self-determination and the importance of being recognised as parents regardless of age or socioeconomic status. It also allowed an examination of the complexities of living interdependently within communities. The importance of relational experiences provides an opportunity to see young parents as necessarily embedded in networks of relationships which influence the stories they can tell and the key characters who are implicated in these stories.

Conclusion

A Kaupapa Kōrero approach offers a rich and contextualised understanding of participants' experiences and how experiences do not belong to them alone. Their experiences are situated in terms of networks of relationships, in terms of Māori identity and in terms of societal expectations. Identifying these layers provides a more nuanced and situated account of experience that places researchers in a better position to inform policy and practice. Second, a Kaupapa Kōrero approach is more culturally appropriate for Māori participants. This approach included Māori culture in analysis which highlighted positive narratives of being Māori that help to counter stigma and societal narratives of pathology about indigenous peoples. This is important as most previous research practices have drawn

heavily on Western approaches and marginalised Indigenous peoples. Third, the participants were able to express themselves in their own way. The act of telling one's story is powerful and can increase reflexivity, resilience and personal agency. Kaupapa Kōrero offers an important insight into the actual real lives of the participants and understandings about how they see themselves and how they want to be seen and defined by others. Finally, rather than decontextualising experience, Kaupapa kōrero can produce whole personal stories that capture social, cultural, political and historical understandings.

Kaupapa Kōrero is an example of a Māori narrative approach that has arisen out of an Indigenous research movement which seeks to draw on key cultural understandings that empower previously marginalised Indigenous peoples in the research process. Some of the practical implications of how this approach was implemented are discussed in the next chapter.

Chapter Five: Practice: Doing Research with Young Māori Parents

Guidance During the Research

Before and during the research project, guidance and advice was sought from many people who I deemed had valuable insight into the research topic. Some had personal experience of being young parents themselves or had supported young parents in their whānau or community. Some had experience working closely with young Māori parents in youth services, health and social services, maternity care and parenting support. Others had researched related areas such as teen pregnancy and Māori parenting. It was important to have a balance of Māori, community and academic guidance (Jahnke & Taiapa, 2003).

Consultation about the proposed project was also sought from local organisations who delivered services to young Māori parents. Organisations included the local teen parent unit and community based alternative education for young parents, youth sexual health centre, teen antenatal education provider, young parent payment welfare provider, and community based alternative education for youth. Endorsement was also sought from iwi, Māori providers, and the Māori Women's Welfare League.

Information about the research (appendix H Request for support and permission to advertise research) was sent usually via email and followed up with a phone call to explain the research, answer any questions, gauge interest and request a time to speak with someone about the research. It was important to visit the organisations and meet face to face to establish a relationship in order to obtain their support for the research. Their support included providing feedback about the proposed project, advertising the research (Appendix I), recruiting young Māori parents, and providing a space to interview participants. It was also important for me to be familiar with the organisations; their purpose, key services, locations and key people who work with young Māori parents. This enabled me to advise participants of relevant services and refer them to the right person if the issue arose in our discussions.

The involvement of these organisations and key informants early in the research project provided invaluable insight into the issues affecting young Māori parents and their whānau, including with policy, funding and research, and the support services available. This informal advisory group also helped solve some immediate issues and concerns of the participants such as help with accessing financial support, relationship counselling, and tertiary education. There was also regular communication with the key stakeholders about the progress of the research and any findings.

The project also received Health Research Council support and advice through funding of a Māori Health Research Doctoral Scholarship. The Māori health committee

recommended changes to the initial proposal. Their recommendations resulted in increasing the number of young Māori parents from 12 to 20 or until saturation was reached, extending the age of participants to include under sixteen year old Māori parents, and including fathers. Their suggestions also resulted in including both individual as well as group interviews, widening the recruitment area to include both city and rural areas, and incorporating a political analysis.

Reflexivity: My Influence in the Research

Qualitative researchers have refuted objectivity or detachment of the researcher as a way to avoid bias in research. Māori researchers in particular acknowledge the inevitable subjectivity of the researcher's position as a member of their participants' community (H. Walker, 1995). The critical nature of this research also necessitates an exploration of my role; my intent, purpose, (in)ability to gain in-depth information and (in)appropriateness to undertake research about the experiences of young Māori parents.

I reflected upon my own experiences, both those that I share with the young Māori parents and those that differ from the young Māori parents. The similarities of being Māori and raising children were an advantage in being able to relate to the young Māori participants, having common interests and similar preferences and perspectives (Borell, 2001; Keelan, 2001; Ormond, 2004). However, my age, employment and fluency in the Māori language were the factors that most differentiated me from the participants. The participants implied these differences during our discussions by contrasting how we would be treated differently by others.

Whanaungatanga: Recruitment Process

The recruitment process was based on whanaungatanga. As previously described in Chapter One and Chapter Five, whanaungatanga is the maintenance of relationships based on shared experiences and working together. Whakawhanaunga is the process of establishing and strengthening these relationships (Mead, 1997:7). In research, whakawhanaunga is the process of establishing relationships, by identifying through culturally appropriate ways your linkage, engagement and commitment to each other particularly between the researcher and the participants (Bishop, 1996b). I drew on my own social network and relationships to promote the research and recruit participants.

Whanaungatanga enabled me to also leverage off these relationships with interested participants and enlist them to recruit more participants from their own networks of young Māori parents. This involvement helped to create a group of participants who were already

mostly connected in some way and felt safe with each other which was particularly important for the group discussions. This recruitment method is similar to purposive meaningful non-random sampling which is considered an effective recruitment method for research with marginalised peoples such as youth (O'Kane, 2000; Waldegrave, 1999). However, it is also a culturally conducive approach to engaging with Māori.

Online social networking was also used to recruit and maintain contact with participants. A public Facebook community page named after the research was created. Relevant support services for young Māori parents in the Manawatū and other young parent online social networking sites were linked to the page. Regular posts were made to the page about local events, services, initiatives, helpful information and inspirational sayings. When people 'liked' or 'shared' the page I thanked them for their interest, briefly explained the research and sent them an invitation to participate in the research.

Supportive organisations promoted the research to clientele (see appendix I Advertisement) via their websites, Facebook pages, email contacts and noticeboards and areas where it may be seen by young Māori parents. Where possible I attended activities relevant for young Māori parents to personally promote the research, answer any questions and initiate a meaningful relationship. Some organisations asked if their clients would like me to contact them directly about the research and if they had permission to pass on some form of contact. Every attempt was made to reach a wide range of young Māori parents.

All inquiries were followed up with direct contact from the researcher with information about the research and an invite to participate. The first twenty young Māori parents who indicated interest, fulfilled the criteria and were available were invited to participate; nineteen participants were ultimately included in the research.

The Participants: Young Māori Parents

The participants self-identified as Māori, were pregnant or had a child in the previous three years, were under 25 years old and lived in the Manawatū region. The age of the participants was determined using the term 'young' as opposed to the commonly used 'teenage' or 'adolescent' which usually refers to someone aged between 13-19 years old. According to the New Zealand Ministry of Youth Development, a young person is of 12-24 years old. Extending the age to beyond teenage years to include up to 25 year olds reflected the increasing age of dependency and transition to adulthood.

Participants had to self-identify as of Māori ethnicity although this did not necessarily mean that they were confident in or positive about their Māori identity or were familiar with common markers of Māori identity such as their whakapapa or Māori language. However,

they did all value their Māori heritage and wanted their children to learn about and value their Māori heritage. Participants also had to reside within the Manawatū area. However, few of the participants had grown up in the area or were mana whenua (affiliated with the local indigenous tribes) and many were transient and regularly spent time outside of the Manawatū. Lastly, participants had to be pregnant/expecting a baby or have a child under three years of age to participate in the research. This was to ensure their experiences of support during pregnancy, birth and parenting were relatively recent but also included their first few years parenting.

The first twenty young Māori parents who fulfilled these criteria were recruited. The number of participants was based on saturation of information. There were seventeen mothers and two fathers. Participants' age at first birth ranged from 14 to 21 years (see figure 3). Three of the young Māori mothers had more than one child. At the time of the interview, parents ranged from 15 years to 24 years old (see figure 4) and the children ranged in age from two months to five years. Half the participants were coupled, and half were single.

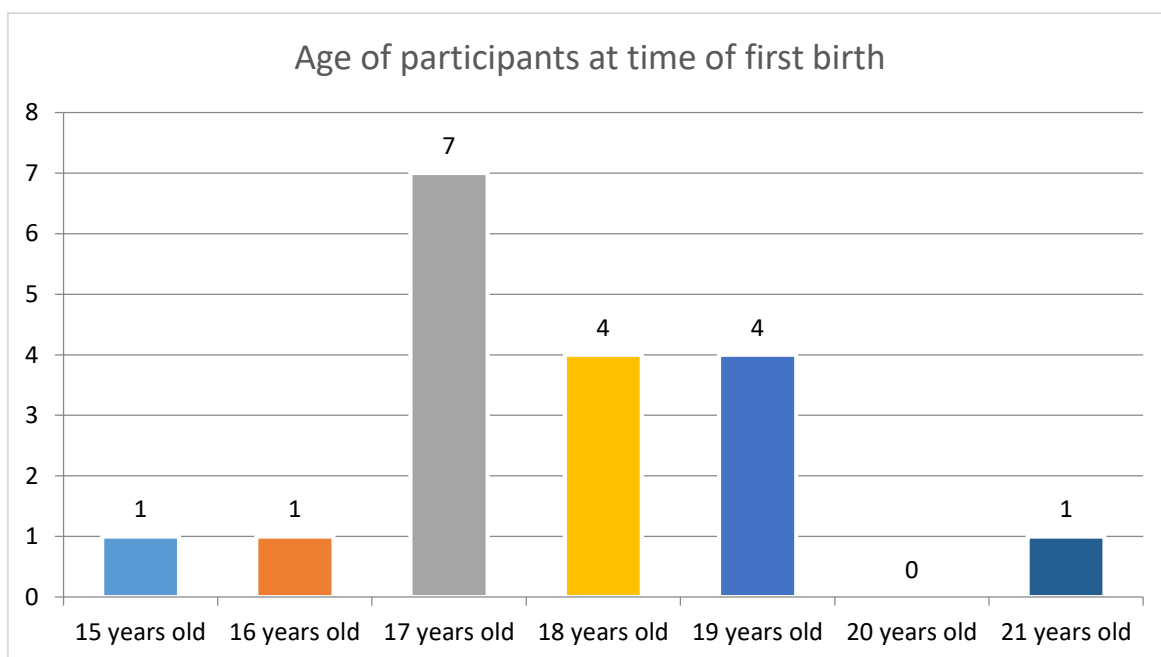


Figure 3 Column graph depicting age of participants at time of first birth

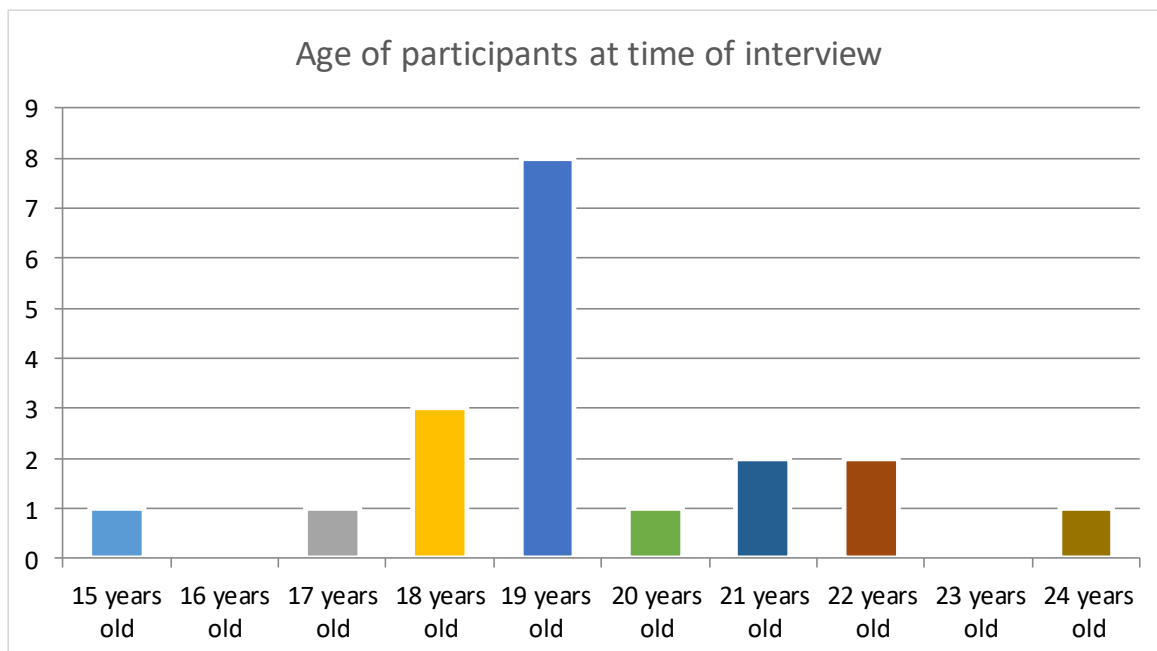


Figure 4 Column graph depicting age of participants at time of interview

Most participants had or were attending a local Teen Parent Unit at a local secondary school. Some attended an alternative education programme through a local teen parenting community service while others worked, studied or looked after their children full time at home.

The majority of participants in the study were mothers. This may be because fathers may be less likely to access baby and child services and therefore may not have had the same exposure to information about the study. They also may not have considered their contribution to be of value or may be more likely to be in paid employment. The fathers who did participate were partners of the young mothers who participated. They were encouraged by their partners and had important perspectives to offer. A more comprehensive description of each of the participants is provided at the beginning of each of their narratives in the Rangi rāua ko Papa Chapter Seven.

The identity of the young Māori parents who participated in the research was protected and kept anonymous with the use of pseudonyms. The participants were given the option of choosing a pseudonym, however some felt that it was not appropriate for them to choose a name other than their actual name and all preferred that the researcher allocate pseudonyms. The pseudonyms chosen are inspired by the whakataukī “E kore au e ngaro, he kākanō i ruia mai i Rangiātea” (I will never be lost for I am a seed of greatness). This saying is a reminder that all Māori originate from the spiritual homeland of Hawaiki and

descend from godly beginnings. The pseudonyms of Māori atua and tūpuna (ancestors) celebrate Māori heritage and link young Māori parents back to their divine beginnings. Māori names are also a demonstration of the Māori language.

Kōrero from seven of the fifteen participants were chosen to present in the thesis to demonstrate key findings. These seven were five individuals and a couple. The pseudonyms of these seven participants are briefly explained here. The first three names are related and part of a well-known pūrākau. Tāne Mahuta is the god of the forest and was introduced in the first chapter as the child who separated his parents Rangi and Papa. Hine-ahu-one (earth-formed maiden) is the first human being formed out of clay from Papatūānuku and given the breath of life by Tāne. Hine-Tītama is the daughter of the union between Tāne and Hine-ahu-one. Tāne later married Hine-Tītama. When Hine-Tītama found out that Tāne was her father, she fled to the underworld and became Hine-nui-te-pō, the goddess of death. The next three names are of well-known female deities. Hineteiwaiwa is the atua of te whare pora (female arts including childbirth). Hineraukatamea is the atua of entertainment and leisure activities. Hineraukatauri is the atua of music and is personified as the case moth, on which the pūtōrino Māori musical instrument is modelled. The last name is Rongomaiwahine who is the principal ancestor of the people of the Māhia Peninsula (east coast of New Zealand). She was ariki tapairu (a woman of very high rank) and her descendants are Ngāti Rongomaiwahine. Because of the mana (prestige) of their ancestor, Ngāti Rongomaiwahine hold firmly to their identity. Kahungunu - the ancestor of Ngāti Kahungunu - pursued Rongomaiwahine and eventually they were married and unite Ngāti Kahungunu and Ngāti Rongomaiwahine.

Study Location

The project was conducted in the Manawatū region (see figure 3 map below), of the lower central North Island of Aotearoa New Zealand (see figure 4 map below). Manawatū is bordered by the Ruahine and Tararua ranges to the east; the sea to west, the Manawatū River in the south and the Rangitikei River in the north. The local iwi is Rangitāne, and Raukawa ki te tonga also partially reside within the Manawatū. According to local iwi, Manawatū was named by Hau, a great Māori explorer. When searching for his wife who had left him for another lover, Hau is said to have pursued her along the south west coast of the North Island. As he travelled, he came across and named river mouths according to events that befell him at the time. He came across a large, wide river mouth. In awe of the sight and in fear he might not be able to cross it, he stated "Ka tū taku manawa" (My heart stands still).

The Manawātū is reasonably flat country with a long pastoral farming history and includes many small rural towns. There is also a high percentage of Māori from other iwi who reside in the area with a strong Māori community revitalising Māori culture and language. The main city of Manawātū is Palmerston North with a population of about 85,000 including a large university and army base camp. The town also seems to attract young Māori parents from elsewhere due to its inexpensive living costs, employment opportunities (such as the army), education opportunities (such as a teen parent unit, a polytechnic and university) and its central location in the lower North Island.

This district is covered by the MidCentral district health services. This district has a higher fertility rate than the national average. Māori comprise 33% of the birthing population in Palmerston North. In MidCentral, 38.1% of newborn babies registered during 2010 were Māori. The Manawātū region in which the project was conducted has the fifth highest teenage pregnancy rate (5.4 percent) in New Zealand (MDHB, 2016).

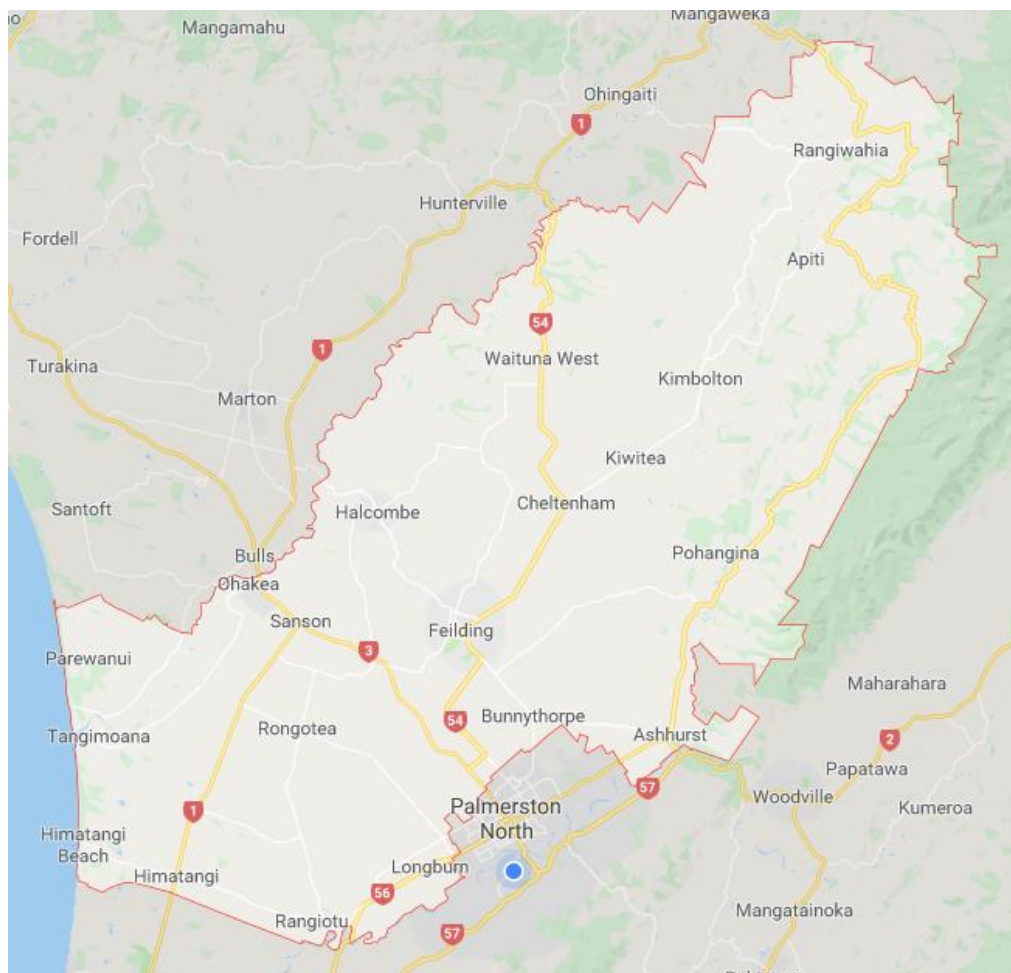


Figure 5 Map of Manawātū area

Group Discussion

Trust and working in groups are important when working with young people. If young people feel vulnerable in a one on one situation and do not trust the researcher then this will affect the information shared. Two group discussions were held on different days at a local community social service agency that was child friendly. These enabled the young Māori parents to meet each other and the researcher, ask any questions about the research (without any recording of information), and contribute to identifying key issues for the individual interviews. Attendance at the group discussions was not compulsory but participants and their whānau members appreciated the opportunity to get to know me and begin to develop trusting relationships.

During the group discussions, the information sheet (appendix J) was discussed, and the consent forms (appendix K), confidentiality agreements (appendix L) and brief contact information and demographics questionnaire (appendix M) completed. The level of involvement in the research was discussed. This included either attending a voluntary group discussion or an interview or both. Participation was a total of about three hours in length. Their rights to withdraw or have the recorder turned off at any time were emphasised. Support to participate was offered such as help with transport, childcare, food being provided and a koha (donation) to acknowledge their time.

To establish rapport, I shared information about myself, my child and whānau, and the research. I tried to make connections with the young Māori parents where I could. I also maintained trust by keeping what was discussed confidential, particularly as whānau members and people who work with young Māori parents in the community frequently asked about the research. I listened intently and non-judgementally to their experiences and tried not to control or dominate our interactions. I knew we had a trusting relationship when they kept in contact and keenly participated in the group discussions and interviews despite challenges with school, work, sick children, and transport.

Interviews

Interviews were held at a venue, day and time chosen by the participants. Some of the participants decided to interview with a friend or a partner. This reflected the sensitive nature of the research and seeking relief from peers. The interviews started with some whanaungatanga, mostly a discussion about how our children were doing and how school, work and home life was. Then the purpose of the research was (re)explained, including what was required to participate in the research and their rights to stop the recording or withdraw.

Any questions were answered. If they had not already completed the consent form, confidentiality agreement, and questionnaire then these were completed. The interview process was briefly explained including an overview of the topics to be discussed with emphasis that it would be audio-recorded. The recorder was turned on and the first question asked “So, to begin the interview can I please get you to introduce yourself – your name, your tribal affiliation your age and a little bit about your child(ren) – their name, age and something about them”.

Open-ended semi-structured chronological questions about their experiences of support during pregnancy, birth and parenting were asked to prompt discussion (see appendix N). These included any key issues/challenges for young Māori parents and most memorable moments of being a parent. The questions were developed by the researcher and piloted with young Māori parents who were not participants. The interview finished with asking them to imagine what they and their child(ren) might be doing in 5 years’ time. The recorder was turned off, the participants were thanked and advised that if the interview had evoked significant emotional response that they would like help to address to let me know and I could refer them to someone who may be able to help. They were also reassured that the interview would be transcribed, and they would be able to review it, remove/add information and approve the final copy for use for the research. The participant was given a koha (gift) in recognition of their time and kōrero and we finished with a shared kai to complete the process.

Questionnaire: Young Māori Parents

The participants were also given a brief questionnaire to obtain basic background information such as contact details, tribal affiliation and similar information about their children. It also used a rating scale to capture a snapshot of the importance and use of Māori language, culture and support. It included how they preferred to be contacted and how they preferred to get information about support (appendix G).

Ethical Considerations

There are common ethical considerations for doing research. These include informed consent, voluntary participation, the prevention of harm, the preservation of confidentiality and anonymity, the avoidance of deceit and the open, honest and faithful analysing and reporting of data (Davidson & Tolich, 2003; Sociological Association of New Zealand, 2006). However, there are also more specific implications for research with Māori and with youth. The ethical considerations in this research needed to ensure that the power and control of

the research was located with the participants, their social and cultural norms were reflected in the research process and their voices expressed and heard.

Ethics for Research with Māori

A Māori approach to research demands an in-depth understanding and practice of tikanga and a willingness to abide by this Māori system of ethics and accountability for research (Jahnke & Taiapa, 2003; Te Awakotuku, 1991; H. Walker, 1995; Walsh-Tapiata, 1998). Tikanga are now commonly interpreted as principles or values that determine a culturally appropriate approach (E.T Durie, 1998; M.H. Durie, 2003; Mead, 2003; Royal, 2004; Williams, 2000). This definition is based upon the meaning of the base word tika as 'correct' or 'right' (Mead, 2003; Royal, 2004; Williams, 2000). It has led many to compare tikanga with ethics (A. Durie, 1998; Te Awakotuku, 1991; Walsh-Tapiata, 1998) and even law (E.T. Durie, 1998; New Zealand Law Commission, 2002; Royal, 2004; Williams, 2000).

Tikanga are therefore critical when conducting culturally appropriate research with Māori and have been variously detailed by many Māori researchers (Cram, 1993; Durie, 1998; G.Smith, 1990; L.Smith, 1999; Te Awakotuku, 1991; Walsh-Tapiata, 1998). As they are dependent on the participants and the context in which they are practiced, tikanga relevant to young Māori parents were used in this research project. Although tikanga informed the entire project and some underlying Māori concepts have already been discussed particularly in the first and fourth chapter, tikanga are also evident in considerations about ethics. The practice of tikanga helped create a safe and culturally affirmative environment. The incorporation of tikanga meant that the Māori youth that participated could expect some common Māori processes such as the use of Māori language, karakia, whanaungatanga, and manaakitanga (responsibility to care for others).

Manaakitanga derives from the root word mana (spiritual vitality) and manaaki (to show respect or kindness to someone or something) (Williams Dictionary, 2004) explained in the first chapter. Purposeful recognition of the mana of the participants involved providing for their wellbeing. It ensured that the research process was safe and that the participants did not just avoid any harm but gained something of benefit from the research process. Transport and childcare to attend the group discussion and interviews was offered. Food was provided for the participants each time we met and a koha (gift) to acknowledge their contribution. A retail store voucher was the koha chosen by participants.

Help with any issues or challenges that they were facing was also provided. This ranged from getting information, explaining, organising or referring participants to relevant services such as relationship counselling, applying for a welfare benefit, applying for full childcare custody, learning te reo Māori, house cleaning, how to help baby sleep better and

longer, and driving lessons. Participants were also able to bring a support person with them during the interview and some chose to interview in pairs or couples. *Kaua e takahia te mana o te tangata* and *aroha (ki te tangata)* have also been used to describe considering the best interests of the participants and their community (Walsh-Tapiata, 1998).

Ethics for Research with Youth

Doing research with young people involves additional ethical considerations mostly to do with the implications of power imbalance, age and gender differences. *Tikanga* can help to navigate these differences between the researcher and the participations. For example, youth research approaches often recommend that males and females participate separately as they have very different communication styles and perspectives and may be distracted by the other sex. Conversely, *Te Ao Māori* depends upon a balance between male and female forms of knowing and interacting (Mikaere, 2003) and equally values the role of both mothers and fathers and their interdependent relationship. This meant that where possible both parents interviewed together. These couple interviews demonstrated the sharing of duties involved in co-parenting and how working together and supporting each other are different to the individual act of mothering and fathering.

Manaakitanga also helped to guide a decision about allowing a young Māori parent who was under the age of consent to participate in the research. The young Māori parent really wanted to participate and said that she fitted the research criteria. There was no process for proving the participant's age. I found out after the interview that she was only fifteen years old at the time of the interview. In Aotearoa New Zealand, sixteen years old is the age of consent to participate in research. However, if the child is below the age of sixteen, but has the competence to understand the nature, risks and consequences of the research, they may also consent to participate in research without parental, guardian or caregiver consent (Peart & Holdaway, 2000). Her reason for being allowed to participate despite her young age was that she was already responsible for another human being as a mother. She had made important life impacting decisions for her baby, so was able to do the same for herself.

Although the Massey University Human Ethics guidelines stated that I was supposed to obtain agreement from a legal guardian for a minor, after much deliberation and consultation with supervisors, an ethics committee member and fellow colleagues, it was decided that I follow *tikanga* (such as *tino rangatiratanga* and *manaakitanga*) and let the young Māori parent decide for themselves. This incident highlighted that perhaps for young parents, age was not considered as much of an issue because they had already challenged age-related activities by becoming a parent younger than expected.

This project was reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 13/14 (see appendix O).

Dissemination of Research Findings and Involvement of Young Māori Parents

Some young Māori parents were involved in presenting the findings of the research. We were invited to present at the Mana Ririki Māori parenting conference in Rotorua, August 2016. I had the privilege of supporting two young Māori mothers to share their experiences and suggestions to improve support for young Māori parents. We were also invited to lead a workshop on how to engage with young Māori parents for the Rainbow In My Head Early Childhood Workshop Day in October 2016. It has not always been possible to have participants involved in all presentations about the research, particularly those that require significant travel and funding. Not having young Māori parents involved in discussions about them diminishes the authenticity and integrity of the presentations.

Outcomes and Impact of the Research

The research was funded by a Health Research Conference Māori Doctoral Scholarship, a Ngā Pae o te Māramatanga Doctoral Completion grant, and a Wahine Ora Ngā Pae o te Māramatanga Research Award for its contribution to improving outcomes for Māori women. As a result of doing research with young Māori parents, I was also invited to be a Māori consumer representative on the Maternity Services Clinical Governance Group at MidCentral District Health Board in 2016/17. This position has enabled me to share the findings of the research with other health professionals in order to improve maternal health experiences and outcomes for Māori, particularly young Māori mothers.

Towards the end of the project, a significant focus was on implementing the recommendations in a local initiative that teaches expectant parents and whānau how to weave their own wahakura (safe sleep device). These weekend workshops use the customary practice of weaving to engage whānau in the health and wellbeing of mother and child. The wahakura embodies Māori practices and knowledge associated with pregnancy, birth and parenting.

Conclusion

This research is located in the broader contexts of research with Māori, with youth and with parents. A Māori research agenda emphasises cultural appropriateness and the use of Māori practices. Youth benefit from innovative approaches to engagement and

research that privileges their unique voice. Research involving young parents needs to seek to understand their experiences and value their role as parents. All approaches locate the participants and their experiences as central to the research.

Māori principles were implemented throughout all the research process; in the design, methodology and organisation of the research. This meant exploring the significance of tikanga to each stage and element of the research process and to the participants. Utilising the Māori construct of kōrero to inform the data gathering and analysis process reinforced culturally appropriate forms of inquiry and the sharing of knowledge and a familiar process for the participants. Tikanga also provided guidance on ethical issues when working with Māori and with youth which reinforces the extensive ability of tikanga to develop the research paradigm. The following chapter presents the kōrero of the young Māori parents.

Ko Rangi, ko Papa

Chapter Six: Young Māori Parent Narratives

Introduction

This section presents kōrero (narratives) from seven of the nineteen young Māori participants. The kōrero are from five individuals and one couple. These kōrero were chosen as they demonstrate lived realities and collectively represent the range of experiences of the young people interviewed. Kōrero from all the nineteen participants were considered in the analysis.

The kōrero were produced according to the kaupapa kōrero approach explained in chapter six. Each kōrero begins with a summary of background information about the young Māori parent(s). Stories about support or the lack of support during pregnancy, birth or parenting are then presented in a chronological order. Much of what the young Māori parents said is included in their own words. The main points of each story or cluster of stories have been summarised. Key kaupapa (themes) identified by the researcher are highlighted at the end of each kōrero under the heading 'Kaupapa'.

He kōrero nā Tāne Mahuta¹² rāua ko Hine-ahu-one: Embracing Fatherhood, Creating a family

Background Information

Tāne Mahuta and Hine-ahu-one interviewed together as a couple at a Teen Parent Unit where Hine-ahu-one attended. Tāne Mahuta was aged twenty and Hine-ahu-one nineteen at the time of the interview. Tāne Mahuta had taken time off work to participate in the interview. Their daughter was one and a half years old. Even though they had some different expectations, feelings and experiences about parenting, they both co-constructed their shared story. They exchanged dialogue and finished off each other's sentences, with little prompting from myself. Neither attended a group discussion and the interview was the first time I met both.

Tāne Mahuta and Hine-ahu-one moved to Palmerston North for work from their hometown for a fresh start when they found out that they were pregnant when Hine-ahu-one

¹² Pseudonyms have been used to protect the identity of the participant's, their children and their whānau.

was seventeen years old. Hine-ahu-one had no whānau or friends in Palmerston North and was not previously in schooling. She did not attend antenatal education and did not feel comfortable with her first midwife. However, she did have emotional support from a sister-in-law. They briefly returned to their hometown for the birth of their baby and enjoyed the maternity care they received there. They came back to Palmerston North to enrol in a Teen Parent Unit when their baby was 6 weeks old.

Tāne Mahuta and Hine-ahu-one's story was about how having a child altered their relationship and provided new roles for them. Although the story is about both of them, it focuses on the ways that Tāne Mahuta has stepped up to his father role. From his strong positive Māori identity, fatherhood is valued as an important and enjoyable experience. His cultural competence also makes his parenting role pivotal to their shared desire to raise their daughter with Māori practices and te reo.

Hine-ahu-one and Tāne Mahuta's Story in their Own Words

Finding Out About Pregnancy

Question: How did you feel about your pregnancy and becoming a parent?

Hine-ahu-one: I cried, I actually cried and then I walked around the block a few times to wrap my head around it. Tāne Mahuta was at work so he wasn't there. I didn't know how to tell him when he got home.

Tāne Mahuta: I sort of knew straight away when I came home. She was crying and stuff. I was just...

Hine-ahu-one: he was very happy.

Tāne Mahuta: yeah I was very happy. I was sort of looking forward to it, being a parent.

Question: How did you feel about each other at the time that you found out you were expecting a baby together and did your relationship change after you found out that you were having a baby?

Tāne Mahuta: I think it brought us more closer ay? We are a lot more closer and just made us grow up a bit faster.

Hine-ahu-one: Appreciate each other more. It's very scary.

Tāne Mahuta: It taught us to like support each other and help each other out.

Question: So how did you both feel about sharing the news you were expecting a baby with your whānau and friends and how did they react?

Tāne Mahuta: we were a bit hesitant at the start about telling our parents being we are young Māori parents and stuff.

Hine-ahu-one: They were quite shocked.

Tāne Mahuta: I knew they would be shocked.

Hine-ahu-one: Na they weren't, well my parents weren't shocked.

Tāne Mahuta: Well, we knew they would be happy anyway.

Hine-ahu-one: Mum, like, already knew pretty much.

Tāne Mahuta: She ended up telling...

Hine-ahu-one: Told your mum first. Your mum was nice. You went to hug her straight away. But she was happy about it.

Tāne Mahuta: Yeah she was happy.

Hine-ahu-one: She was really happy, she was really surprised at me.

Question: What about your friends?

Hine-ahu-one: They were happy for me but we just lost contact and fell out. After I fell pregnant they sort of just drifted away and didn't really contact me anymore which was pretty unlucky.

Tāne Mahuta: I found it really easy telling my friends.

Hine-ahu-one: They were all just happy, he was just happy.

Tāne Mahuta: I told everyone.

Hine-ahu-one and Tāne Mahuta have quite different reactions to finding out they were expecting a baby. Hine-ahu-one was shocked, upset and scared when she found out that she was pregnant. She was reassured by her supportive partner Tāne Mahuta who was happy and looked forward to becoming a parent and telling everyone. They both cite their young age and ethnicity as reasons that might affect other people's response to their pregnancy. However, Hine-ahu-one's mother was described as expecting the pregnancy and happy to welcome a new member of the whānau despite Hine-ahu-one's young age.

Support

Helpful Whānau

Question: So what type of support did you receive while you were pregnant or during your pregnancy and from whom and how did you feel about it?

Hine-ahu-one: I think it would be Tāne Mahuta's brother's wife. She was really supportive emotionally for me throughout the whole time just because I don't have family here and he would go away lots for work. I sort of rely on her a lot and she helped me through the midwife appointments and pregnancy scans and stuff. She was pretty good.

Question: And how about you Tāne Mahuta?

Tāne Mahuta: Yeah just my mother, she bought a couple of things for us and gave us a bit of advice. Also my brother. Yeah just knowing that he was happy was good support.

The positive reaction to their pregnancy from Tāne Mahuta's whānau provides a positive and supportive environment for their parenting.

(In)effective Health professionals/midwives

Hine-ahu-one: ...I didn't like my [first] midwife (Question: So did you stay with her the whole time?). Yup because I felt scared to say that I didn't like her so I just, you know, stayed with her, but she was so. She didn't enjoy the midwifery stuff at all. She just was like, just get it all over and done with. I didn't feel comfortable around her. I didn't have her commitment at the end anyway. I got another midwife [when we moved to [home town]] because I had baby there. I had to have a midwife there and so I found one and she was really lovely. With the second midwife, I felt like I learnt more in 2 weeks than I did in 8 months with the other one. The second midwife, I would have liked to have had her from the start. I think it would have changed a lot of our thinking throughout our pregnancy instead of the first one [midwife]. She was really good during the birth, I got a lot of support.

Tāne Mahuta: It was good too because we could definitely tell the difference between the midwives. With the midwife in Palmerston North, it just seemed like an ordinary child, like an everyday thing for her, like it's just a job, just another pregnant teenager. If we had a better midwife we probably would have gone to antenatal class, not just sitting around not knowing. The Māori midwife was quite passionate about it and had quite a lot of experience with young Māori parents. She knew like how to bond with us and teach us things as well. It was probably because we weren't afraid to ask her questions, like we felt comfortable around her. Whereas for the first one well, we were a bit hesitant to ask her some questions and just didn't feel comfortable around her.

Hine-ahu-one: That [second] midwife was good. She knew this lady that did...

Tāne Mahuta: We made like a wahakura [flax bassinet] for our baby. So just a bit of bonding time. It was a good little project.

Hine-ahu-one and Tāne Mahuta felt that the discouraging attitude of the first midwife towards teen parents affected their relationship with her, her ability to support them effectively, and their enthusiasm to engage with other pregnancy and parenting support.

Fortunately, they had an opportunity to engage with a new midwife with whom they developed a positive relationship. They felt that she treated them like deserving parents, and could relate better to them having experience working with young Māori and also being Māori herself. This connection enabled a trusting relationship where they felt comfortable to ask questions and take advice. The second, Māori midwife also recognised the importance of Māori culture to parenting and facilitated opportunities for them to engage with relevant cultural beliefs and practices such as weaving wahakura.

Sources of information and support

Question: How else did you get information about having a baby? Did you talk to whānau members or friends or look on the internet or?

Hine-ahu-one: Oh yeah I did all of that. I wanted to know what would happen to me. I watched TV.

Tāne Mahuta: Oh yeah, the old tv shows '16 and pregnant'. They were always on tv.

Hine-ahu-one: When I was pregnant I watched it every day I think. And my sister and my mum, I was always asking them all the time about it [birth] and how does this happen? They didn't really tell me, they said that I would have to experience it for myself and that everyone is different. And their experiences, because I was in the room with them when they both had their babies, they had really different labours.

Question: Did you go to antenatal class or?

Hine-ahu-one: We talked about it so much but I was too shy to go to the [antenatal] place by myself. I'm a really shy person. (Question: Had you heard about antenatal classes?). Yup my sister-in-law always nagged me about going. She wanted me to do it by myself instead of taking me there and I didn't, so I missed out.

Question: So, overall, were you happy with the support you guys received to be parents? Or, what other supports do you think would be helpful in regards to, if you were talking to somebody else, if they found out they were pregnant. What kind of supports would you advise them to seek out?

Hine-ahu-one: That's a really hard question because here [TPU] there is a lot of support. We have all been there and done that [early parenting]. We give them [each other] the support that they need, as much as we can ourselves give them. For me, during my pregnancy I wish that there were more organisations out there that help with being so young and being pregnant and helping during pregnancy, apart from a midwife.

Tāne Mahuta: It would be good if there was like a midwife centre, like the one up in [home town], where you can go and learn stuff like we used to do back in the days. That whole Māori culture stuff about being parents.

Hine-ahu-one: And having the opportunity to do fun things like weaving [wahakura]. That was really cool. The entire weekend. Next pregnancy, I hope I can do that again or recommend anyone to go there if I know anyone back home that gets pregnant. I wish they would sort of bring it here so I could recommend it.

Tāne Mahuta: I would like to get more involved with the community sort of things. Like how you were saying there is quite a big community out there, just meeting other dads who are going through the same things. Just getting involved with sports and stuff.

Hine-ahu-one mostly relied on personal experience of birth, from whānau and friends for advice about pregnancy and parenting. She did not attend antenatal class as no-one would attend with her and she did not feel comfortable attending by herself. She liked the understanding, support and collectivity from the fellow young parents at a Teen Parent Unit and wished that there were more similar support services that specialise in working with young mothers. Tāne Mahuta did not attend the TPU and wanted a community-based culturally responsive pregnancy and parenting support service, with something for fathers in particular, that had practical activities to strengthen Māori identity.

Becoming Parents

(Not) measuring up to expectations

Hine-ahu-one: Breastfeeding was very hard. What is it called when they have that weird tongue thing? (Question: tongue-tie?). Yes, but they cut it though and it ended up being okay. But that was a really big problem because she was having trouble latching on for ages. The nurse would have to come in and change positions and like shove my nipple in her mouth and it was very hard. I didn't end up breastfeeding in the end because of that and I just didn't get milk as well. I got the colostrum and about a couple of days' worth of milk and then it just dried up by itself. The support was real good though. My midwife would come in every 2 hours checking on us and on baby and who is that lady who helps with latching on and stuff? (Question: Lactation consultation?). Yeah she came in and kind of did a talk with me and I had help from her and it kind of helped me out. I got heaps of checks.

I tried [to breastfeed] for weeks. It was horrible. Like, I would get a little dribble out but I didn't know how much she was getting, but she would still cry so I would have to top her up with formula anyway. His [Tane Mahuta's] mum was really supportive through that. She would always try and help me latch her. She went and bought me like nipple shields and an automatic and manual breast pump to try all that stuff. They brought me pills to try and see if that would bring in my milk and made me healthy dinners for me and stuff like that. They tried their best but it just didn't work. Daycare got quite frustrated with baby and me trying to breastfeed but she wasn't satisfied afterwards, so they pretty much didn't force feed but they suggested that I put her on full-time formula. So that is what I did to make it easier for everybody.

She loved her bottle. I was really sad about giving up, sad about that but I loved that she was getting a feed. I felt really down like it was me that was the problem. I thought that something was wrong with me, that I couldn't produce milk and stuff. They always reassured me that I was okay and that she was still getting her kai (food) and she was all right. But I guess even still now I get all like teary about it because like I really wanted to breastfeed.

Hine-ahu-one felt that she had not fulfilled her aspirations of breastfeeding which affected her sense of capability as a mother. Despite saying she felt mostly well supported, had tried everything recommended and persisted for a long time, according to her daughter's day-care, her breastmilk was not satisfying her daughter, this was an issue for them, and so she should switch to formula only feeding.

Changing environments: Changing behaviours

Question: So why did you move to Palmy?

Tāne Mahuta: Um for work.

Hine-ahu-one: And I was doing nothing anyway there [hometown]. I was drinking every night, you know, a couple of times a week and wasn't doing anything school wise and just getting into mischief. Not treating my mum right. So, we pretty much figured if we moved here we could start fresh. And I was pregnant. (Question: When did you start at TPU?). About 6 weeks after the baby was born. We came and sussed it out when I was about 39 weeks. I came and had a look around.

Question: Did you change anything else while you were pregnant, like did you move houses or?

Tāne Mahuta: Definitely cut down all your drinking and stuff ay when you got pregnant?

Hine-ahu-one: What drinking alcohol? I didn't drink at all.

Tāne Mahuta: When you were at home [hometown] and you didn't know you were pregnant.

Hine-ahu-one: Oh yeah when I didn't know I was pregnant. Yeah as soon as I found out I didn't drink throughout the whole pregnancy, I did smoke but I didn't drink at all.

Tāne Mahuta: But she quit [smoking tobacco].

Hine-ahu-one: Yeah but I quit halfway through. I quit smoking because he quit. So, he was my support.

Question: Are you guys still smoke free?

Tāne Mahuta: I started smoking again when she was born.

Hine-ahu-one: Yeah when I was in labour he was out there having a smoke.

Tāne Mahuta: It's the only escape that I've got but it's a new year's resolution [to quit].

Hine-ahu-one: I have been struggling to stop. I kept lying to my midwife. Every time she asked "did you have one?" and I would be like "no" but then [Tāne Mahuta] would say that I had had one and I would be like "oh no" and she could smell it on my clothes. I even had a smoking lady [quit smoking coach] around the house once a week to help me. It's hard being here [TPU] and most of my friends smoke, because I feel like I should smoke with them. It's pretty hard. I started up again when I came here, the first day. Someone offered me one and I couldn't say no because I didn't know anyone and it was sort of a way to make friends. I have sort of just carried on and have been since. But me and some of the girls are going to try and quit smoking soon. I don't know when but soon.

After Tāne Mahuta and Hine-ahu-one found out they were expecting a baby they moved away from their hometown to Palmerston North for a new opportunity to change their behaviours. Although Hine-ahu-one quickly changed many of her behaviours, she found the environment of the Teen Parent Unit presented similar challenges around peer-pressure of other students engaging in behaviour she had tried to remove herself from.

Working as a team

Question: From where or from whom did you get information about parenting?

Hine-ahu-one: I kind of already knew what to do. I used to look after my little brothers and stuff. I really enjoyed it too. It sort of came naturally as well. I sort of knew the basics like nappies or the routine of feeding and sleeping and if they got sick and stuff like that. But he was all new though. He had no experience.

Tāne Mahuta: It was quite fun and I adapted.

Hine-ahu-one: Pretty fast.

Tāne Mahuta: Quite quickly. It was good. I just sort of took tips from other people and just sort of raised her how I was raised sort of thing.

Hine-ahu-one: He just pretty much learned and I just sort of told him this is how you do it. But yeah he adapted really well himself. He did pretty good. I didn't think he would actually cope very well because during my pregnancy there would be like, you know, little babies and I would try and force him to hold a new baby and he would refuse to hold it. And it just freaked me out and you know I was like "oh no I wonder if he is going to want to hold our baby" sort of thing.

Tāne Mahuta: No, having your own baby is totally different.

Question: So how about now, is it shared equal care or does someone do nights and does someone else do days?

Tāne Mahuta: I go away a bit for work so when I come back I usually always just look after her [baby].

Hine-ahu-one: He does nights when he gets back to make up for the time that he goes away with his friends.

Tāne Mahuta: Well I'm only there [home] for a while so I'm sort of a fulltime father when I get back. It's not a job. It's great. Do what I got to do.

Hine-ahu-one: But she has been good lately ay?

Tāne Mahuta: Yeah.

Hine-ahu-one: He gives baths and stuff, feeds her so I can eat my dinner. He always does nights and I get up in the morning and feed her a bottle. It's like a routine we sort of know what each other has to do without sort of interfering because if he interferes with what I have to do then I get upset like "no this is what I'm doing, you did it wrong!". And he is sort of the same so we try not to do that.

Question: And so do you get her ready because you have got to come here [school]?

Hine-ahu-one: When he leaves [for work] she is just waking up so he can't do the mornings anyway and then yeah he is gone. But it will change out at [new home]. Now that he is closer to work he will be able to spend some more time with her and it will help me out a little bit more. It can be quite a rush in the morning sometimes getting ready.

While Hine-ahu-one was the primary caregiver, Tāne Mahuta was very involved and they supported each other in their parenting. Hine-ahu-one had previous experience helping to raise her own younger siblings and felt confident with parenting. Tāne Mahuta, on the other hand, had not had much previous experience and so relied on his own intuition and getting advice from others. Tāne Mahuta supported Hine-ahu-one so that they worked as a team to parent their baby, one parent taking over the care duties while the other has time for themselves and ensuring that neither interferes with each other's approach.

Māori customs: Te reo and tikanga

Question: Did you have any specific Māori or whānau practices when you were pregnant or in labour?

Hine-ahu-one: I didn't go to the urupā [cemetery]. I didn't cut my hair but I did dye it once - that's really bad.

Tāne Mahuta: I told you.

Hine-ahu-one: I know, I know. Yeah I already heard that from my mum. We kept the placenta – it's in the freezer. We haven't found a place to put it. What did we use to tie around her belly button?

Tāne Mahuta: Flax string I think.

Hine-ahu-one: Flax string. Do you know what it is called? (Is it muka?). Yeah we did that [used flax string to tie the umbilical cord]. I kept that, I kept her belly button that came off. I kept everything pretty much. (Question: And did you have an idea about where you might put it?). Um, we were going to do [bury] it at his Nan's house but we weren't sure if that was the right option. But there's somewhere else we were going to do it but I don't know if the land will be stable. I wanted it to be with his family. I was thinking of sticking it in a pot plant in our backyard so it's with us everywhere. But I haven't got around to it yet.

Tāne Mahuta: Plus it's in [town].

Hine-ahu-one: It is in my mums freezer yes.

Question: So it's being held back there until you decide?

Tāne Mahuta: that's where all the placentas are.

Hine-ahu-one: Yup. It has my mums and my sisters as well.

Question: Was there anything particularly Māori or something that you do as a whānau that you would like your daughter to experience as well?

Tāne Mahuta: Occasionally we will do like a karakia for kai or something.

Hine-ahu-one: We used to.

Tāne Mahuta: Like for dinner or something.

Hine-ahu-one: We have got a bit lazy with that. With Tāne Mahuta going away all the time I didn't quite push myself to learn the karakia properly. So I just didn't do it with her all the time and then he would come back and we would sort of forget about it. (Question: Is it something that you would like to do in the future?). Yeah she does it at daycare every day before the day, before they leave daycare, before they touch food, before they finish, when we are at home or up north. She quite enjoys it and she kind of low-key copies which is quite cute. It's more our end doing everything. We need to be more on to it. I mean he speaks fluent Māori so.

Question: So then that might be your role then?

Tāne Mahuta: Yeah I would definitely like to talk the language around the house. Just more Māori language around the house, teach her a bit.

Hine-ahu-one: Teach our daughter more Māori. I want her to say full on sentences even if I can't understand them, just with him so that they can speak it to each other. I think it would be really cool. I sort of wanted her to learn Māori at kōhanga [Māori

language early learning centre] but she goes here [Teen Parent Unit early childcare centre which is English language education]. I think the one [kōhanga] here, my Māori teacher used to go to with her child - she speaks fluent Māori. As a parent, if you go in there [kōhanga], you get into trouble if you speak Pākehā [English]. I mean you know. I don't want to do that. I just want her to know that she is Māori and where she comes from. I don't want her to not know that. And be proud of being Māori I guess.

Hine-ahu-one and Tāne Mahuta both positively identify as Māori and want their daughter to have a strong positive Māori identity. They have implemented Māori practices associated with childbearing and parenting with the support of their whānau. There are limited Māori culture and language learning opportunities for both Hine-ahu-one and her daughter at the Teen Parent Unit. Hine-ahu-one also does not feel comfortable in a total immersion Māori language environment. However, Tāne Mahuta went to kura kaupapa (total immersion Māori language education) and is fluent in te reo and can provide this cultural support for the whānau at home.

Experiencing Stigma: Being Māori and Being Marginalised

Māori identity

Hine-ahu-one: I wish the doctors would be more like [respectful]. They would laugh at me because they don't think I'm Māori. They laugh at me, but it's not funny at all. It makes me angry when I tell them that my child is half Māori and half Pākehā. (Question: This is at your doctors?). Yup and this one lady at Baby Factory (shop) too and it really pee'd me off. They were like "oh why do you say that your baby is Māori when they don't look like it?" And I was like "well it's none of your business" kind of thing. I felt quite pissed off. People should have more respect. To me I don't have to be brown, but I guess she does [think you have to have brown skin to be Māori]. (Question: Okay, so how do you deal with that? How do you deal with quite often being judged for not looking Māori?). Yeah the girls here thought I wasn't [Māori] until this interview and then they were like "really?" I wish I looked more Māori but I don't. I've known the basic Māori words but I don't use them all the time. I probably should more yeah. I don't know how to explain [how it affects me] I guess.

Tāne Mahuta: I suppose we do sort of get judged for looking like a Māori parent like.

Hine-ahu-one: People sort of expect you to stuff up.

Tāne Mahuta: They sort of expect you to...

Hine-ahu-one: To fail or they judge you more or they keep an eye on you more I reckon than the Pākehā parents. Which is totally not true, I disagree with that.

Both Hine-ahu-one and Tāne Mahuta feel that they have been victims of explicit racism and assert that their Māori identity should be respected and that it is integral to their parenting. Hine-ahu-one feels that she is ridiculed for consciously wanting to identify as Māori, despite not looking Māori. Tāne Mahuta feels that he is discriminated against for being physically identifiable as a Māori parent, that he is scrutinised more for his parenting and expected to fail. They both resist the stigma associated with a Māori identity and positively identify being Māori with being a good parent.

Motivation for the Future

Hine-ahu-one: My daughter is my world. She is my strive to make a better future for our family. Yeah she is a handful at times but she is good. I love her to bits. I really want another baby so I'm trying for another one.

Tāne Mahuta: Having this bright little person that you made and you know you sort of strive to make a better future for - not just for you but for them as well. You try to be their role model and support your family and what not.

Tāne Mahuta and Hine-ahu-one view becoming parents as a positive experience. Their baby has provided a source of love and motivation to make a better future for themselves and their family. They both love being parents and are trying for another baby because another child means another positive experience.

Te Kaupapa

A positive Māori father identity: making a family

A distinct kaupapa that was apparent in this kōrero was about Tāne Mahuta's upbringing and whānau response that supported him becoming a father as a valued and enjoyable experience. He does not have the same concerns and doubt that Hine-ahu-one expresses about becoming a parent at a young age. Tāne Mahuta is confident about his role as a man and as a father and welcomes their child. He is actively involved in parenting and working as a team. His upbringing in Māori language and culture also makes his parenting role pivotal to raising their daughter knowing who she is as a Māori. He provides strong support and reassurance to Hine-ahu-one.

Despite this strong and positive Māori identity, Hine-ahu-one and Tāne Mahuta feel that they are negatively judged and discriminated against for being young parents, and Māori. This is most evident when Tāne Mahuta feels that he is scrutinised more for his parenting and expected to fail because he is Māori. They also feel that their first midwife was prejudiced towards young parents which affected her ability to provide quality care. Hine-

ahu-one also feels that she is not respected when she consciously claims a Māori identity, suggesting that a Māori identity is in some way inferior to a non-Māori/Pākehā identity. Tāne Mahuta and Hine-ahu-one resist negative racial and teen parent stereotypes and associate being young and being Māori with a positive identity as parents.

Hine-ahu-one and Tāne Mahuta felt that some people and services were better at engaging with them. This was because these support people and services could better relate to Hine-ahu-one and Tāne Mahuta's experiences as young Māori parents (either through personal experience, a personal interest or through specific training) and provide culturally responsive and youth-friendly support for pregnancy and parenting. Hine-ahu-one also felt that the Teen Parent Unit provided a space where other similar young (Māori) parents could meet, socialise and support each other, particularly with their parenting. However, she also acknowledged the peer-pressure from other young parents. They both enjoyed learning about and engaging in Māori practices associated with pregnancy, birth and parenting.

He kōrero nā Hine-Tītama: 9 Years in 9 Months Maturing into a Great Mum

Background Information

Hine-Tītama was recruited by a fellow young Māori mother who she knew previously from attending the Teen Parent Unit together. She was almost seventeen when she unexpectedly found out that she was pregnant. She was nineteen when she shared her story with me, and her daughter had just turned two years old. She was living in a rented house with her partner (not the father of her child) and was a stay at home mother. She preferred to be known by her Māori middle name and proudly identified as Māori. She came from a large blended Māori family. Hine-Tītama was one of the few young Māori parents who had attended a teen antenatal class.

She did not attend a group discussion and the interview was the first time that I had met Hine-Tītama face to face although we had communicated over emails and Facebook. She was not nervous or shy to talk about anything. This was my first interview and I had technical difficulties with recording equipment and had just found out that I myself was pregnant with my second child. My own influence on Hine-Tītama's narrative was evident when she drew on some of our commonalities in order to invoke understanding. For example, we both had large families which provided experience in raising children, both were a parent of a toddler and both had confidence as mothers. She contrasted our differing abilities in te reo when she said that she thought Māori language was important and spoke a few words to her daughter but was not fluent (like she perceived I was).

Hine-Tītama's story was about her growth and maturity as a result of having her daughter. Disapproval from her mother and stepfather because of her young age resulted in a lack of support throughout the pregnancy. Hine-Tītama found strength and support in the father of her baby, attendance at Teen Antenatal classes and a Teen Parent Unit. The birth of her baby (on her stepfather's birthday) reconciled her relationship with her mother and stepfather and provided an opportunity for her own father to become involved in her life again. She quickly and proactively changed her lifestyle and behaviours from what she considered as an irresponsible young person to develop superior mothering characteristics to gain approval as a competent mother for her baby. She seemed to be happy and grateful for her baby and everything that had happened in her life that led to her current situation.

Hine-Titama's Story in her Own Words

Finding Out She Was Pregnant

It was shit scary. I mean, obviously being 16 and not expecting it. Like looking back at it now well I should of known, because I was like, doing what it takes to get pregnant. But I was in shock, I really didn't believe it. I still remember the day that I found out. I was with my dad's partner's niece. We had gone to town and I had gotten a [sexual health] check-up and stuff, just to be safe because obviously I had had unprotected sex. They just asked for me to do a pregnancy test and I was like "yeah sure" cos I hadn't really like, thought about it. And then when I found out about it [positive pregnancy test], I kind of treated it like a joke because obviously at the age I was as well. But it didn't really hit me. I had moments that day when I realised it actually happened. I had to remind myself. Until I told my mum that I was pregnant, I don't think it really hit me that I was pregnant...I think it really sunk in when I had my first scan, just to check that I was pregnant and yeah I was. I cried for ages and kind of like, my life kind of like flashed in front of me... because I didn't actually know what I was going to do.

Her mother's disapproval

She [mother] was actually like, really angry and at the age that I was. She made me go and take a blood test just to make sure that it wasn't a false positive. I think it was like, 2 weeks after I had actually found out about it that I told my mum because I was too scared. Because I lived in another town I didn't think it was right to tell her over the phone. I didn't think it was something that you should tell your mum, especially at that age, over the phone so I made a trip down to [town] to tell her. But she was just upset and just questioned if she was a bad parent, as you would...I think more than anything, I was just like, scared of my parents' reaction than anything. I think I was more scared of telling them than actually having a baby, if you get what I mean? I think it took my mum quite a while to get around it. I think she had been quite a strict parent so it took her a really long time to get around that I was having a baby...I knew that my mum would come around to it, so I just thought that I would like, take the angry parent for now, until she comes around.

The father of the baby's reaction

And the father, I told him straight away cos I knew it was him, so I told him straight away. I remember telling him... He just basically said "well, we will see what happens". He didn't freak out which was really nice cos I was expecting everyone else to freak out. It was nice he didn't freak out all at. He just kind of took it as it came to him, I think. He was like, shocked, but I think he was just like, well whatever, it already happened.

Accepting the pregnancy

I think once I had like a couple of scans and realised that it was a baby, like it wasn't just a couple of lines on a pregnancy test I was like, I just felt like, with everything

inside me, that I wanted to have her. Regardless that I was 16 I just, I've grown up around a big like, you know most Māori families, I've grown up around a lot of babies and stuff like that. So I just thought that I like was the type of person that loves babies anyway. So I knew that it wouldn't be that different to have a baby for me.

Hine-Tītama found out unexpectedly that she was pregnant at sixteen years old when she proactively went for a sexual health check-up. She was shocked and upset. She dreaded telling those close to her (partner, mother, father, and stepdad) because of their reaction to her sexual activity and unplanned pregnancy. Her mother's disappointment and anger was expected of a caring parent and like most of the other participants, Hine-Tītama accepted it as a consequence of her young age being unacceptable. Hine-Tītama also expected her partner to respond negatively due to the pregnancy not being planned. However, her partner's response was more accepting and he committed to being involved in the pregnancy. Hine-Tītama eventually accepted her situation and decided to continue with her pregnancy. Reassured by her previous experience helping to look after other children, she felt confident about becoming a mother.

Experiencing Stigma

I remember being pregnant and it was scary. I remember going to [holiday destination]. I think I was about 6 months pregnant and it was summertime. I would get weird looks because you know, I was a little kid and I had this big belly on me. I had a lot of mixed reactions from people... I found it hard just basically getting judged from people... So, I think that like, they may have not said it but I always just get like, not paranoid, but I wonder if people like question why I choose to have a baby at this age.

I just think that people, they look at young parents like basically that they are shit heads. Like they are just dumb kids who didn't put something at the end of it type of thing. But I think that like some young parents, like I can't speak for all, but some young parents are like one of the best parents. I have seen some older people who are like shit parents and would have been like 10 years older than me you know? I think that people judge on how old you are and automatically jump to the fact that you are young and are going to be a crap parent.

Similar to many of the other participants, Hine-Tītama was acutely aware of the stigma attached to early childbearing. She felt that her young age meant that she was publicly scrutinised for her parenting.

Finding Support

A supportive father of the baby

Question: What type of support did you receive during your pregnancy?

I think just my partner at the time, her father, he was the most support. My mum and my stepdad and I would all get into heated fights about the fact that I was pregnant. He [my partner] would always finish work at 9 o'clock. It would usually be around about night time when we [parents and I] would have a fight. He [partner] would rush around and come pick me up because he didn't want me to be around that. He didn't want me to feel bad for the fact that I made that personal decision [to continue with the pregnancy]. I think that my partner at the time, he was the one that was the most support because the family weren't happy about it. But you know, I don't hold that against them at all because if that was me I wouldn't exactly be that happy. But you know, that's life. But yeah, my partner, he did all that, you know, we went and bought a cot. He would be excited for scans and hearing the baby's heartbeat and stuff like that. He would always make sure that I was eating right...other than that I didn't have a lot...So yeah my partner was the most support.

I think he [father of the baby] wasn't too happy that we moved to my kuia's [grandmother] house because he felt that they [family] were always getting in and helping me. He wanted to be like a part of it and he felt it was always taken away from him if you get what I mean? Like my kuia would obviously always help me and he would just get real touchy about it because he wanted to be the one to help me even though he might not be the one who necessarily knew what to do. He wanted me to go to him all the time. But I mean he was like happy that we had a place to stay at the time.

Hine-Tītama describes the father of her child as the most supportive person particularly during pregnancy. He provided relief from the disparaging environment at home with her parents. The pregnancy being unplanned, and their youth did not seem to negatively affect their relationship or his treatment of her. It seemed that for him, Hine-Tītama was carrying his child and therefore deserved to be celebrated and treated accordingly with unconditional support. After the baby was born, it seems that Hine-Tītama's whānau assumed a lot of involvement with caring for the baby, perhaps because they lived with them. The early positive involvement of Hine-Tītama's partner was not recognised and supported by her family after baby was born and he began to feel excluded.

Safe spaces and understanding friendships

I went to a young parent antenatal class down [street name]. That was really cool because I met some people that I am still friends with now to this day. We went there every Tuesday. We had dinner there and every week we would learn something different like breastfeeding stuff. At first it was just for girls, like pregnant

girls to come along to but we like talked the lady into letting us bring partners. So it just kind of became like, all of us would - our partners and the boys - would get along really well and the girls would like get along. Obviously, we would be able to talk about the milestones of pregnancy and stuff like that. It was really nice. It was nice being able to talk to other people about it without feeling weird because I didn't exactly feel comfortable talking with my mum about how exciting some things are. So it was nice I went to antenatal class. It was a good laugh. Yeah I made some really good friends. A couple of the girls had babies around baby's age so it was really nice. One of them is like one of my really good friends now, who I hang out with quite a bit. So yeah antenatal was real cool. It was nice to be able to go to an antenatal class that like was solely for young parents. I didn't want to go to, like my mum had told me about a few [other antenatal classes], but I didn't want to go because I didn't want to be looked at weird from older parents if you get what I mean. So yeah I went to that antenatal class. It was good, it was fun.

Hine-Titama found relief from the stigma of being a young parent in an antenatal class specifically for teen parents. She felt that the positive non-judgemental environment celebrated her becoming a parent and did not attribute her parenting ability to her age. It facilitated networking and relationships with other young people who were also expecting a baby and could relate to her experiences. It enabled Hine-Titama to share her experiences, learn from other young mothers and fathers to be, and gain information about pregnancy, birth and parenting. This was particularly important as she did not feel she could talk to her mother due to her condemnation of the pregnancy or attend other antenatal classes due to a fear of being judged for being young.

Reconciling relationships with the birth of her baby

My dad was kind of like happy about it [pregnancy]. It was weird. But I think because my dad and I... My biological dad and I haven't really had like a close relationship. I guess maybe he was like happy because then he could have a relationship with my daughter, because he didn't really have a relationship with me.... I think he was just kind of happy because then he felt like he could relive me through my daughter if you get what I mean.

My stepdad, the funny thing was that...my daughter was actually born on his birthday. The day that she was born I think was the day that he actually came around to the fact that I had a baby. The whole time [of my pregnancy] I kind of like, got grief from him. He was 100% against it. He wanted me to have a termination and then when I was passed that he wanted me to adopt her out because, you know, I didn't work, I went to school, I had my life.... So yeah it was funny cos she was born on his birthday which I think is kind of cool in a way because I think it's what made him like love her, if you get what I mean.

Surprisingly, I felt like I was all alone when I was pregnant but I definitely wasn't alone when I was having her. I had a lot of people. I kind of wanted that nice family

feel rather than just having a bunch of doctors there and an empty room. I just wanted them to be there like if anything went wrong. I wouldn't have been happy without my family there. Me and my family are a tight knit family, big Māori family, like most Māori families are I suppose.But I mean in pregnancy I didn't get a lot of support just because my family were kind of like in denial and wished that it didn't happen....But once my daughter was born things just, everyone kind of flicked the switch a little bit. I think once they saw how much of a good mum I am, I think I proved them all wrong.

Despite Hine-Tītama feeling alone and unsupported during pregnancy due to the disapproval of her young age by her close whānau, her baby was not subjected to this condemnation and was instead happily welcomed into the whānau. The birth of her baby, particularly on the birthday of her stepfather, reconciled those strained relationships and created a supportive network for her and her baby. It also provided a new opportunity for Hine-Tītama's biological father who had been absent most of her life to reconnect and be involved in his granddaughter's life.

Appreciating support

After a while I would say my mum [was supportive] most of all just because she would help me with money. Even now, she would randomly buy me nappies and formula and stuff.... she just tries to help me. She helped me get set up you know. She just helps me whenever she can, she offers to pay for things. You know, it was [baby's] birthday and she went and asked me what she needed and went and bought her a huge lot of winter clothes. So yeah, I think my mum more than anyone has been the most supportive.

My family have been supportive with me. My partner and I, her father and I, we separated when she was about 7 or 8 months. They [family] were really supportive with that because the house that we lived in, I stayed at with her. They helped out with like rent at first and getting me like set up and that was real good. Obviously because I was by myself after that, they would support me every now and then to let me have a break and stuff like that. They have been really supportive. I'm really happy to have the family that I do because some people just aren't as lucky as I am. They have been awesome. Even to this day, my mum had my daughter in the weekend - because it was my partners birthday and we had a little birthday party thing - she didn't have to take her.

You know, my partner at the moment, he is like really great. He decided to take on my daughter and I, so he supports me. I have kind of got real weird about it. Because I'm the type of person that like, I don't like to feel like I'm leaning on someone all the time. But he 100% wanted to. He loves my daughter.

Looking back, I kind of wish that I had more support, that I didn't feel so ashamed of being pregnant, like I wish that I just owned it, if you know what I mean. If I was to have another baby, I would definitely want it to be, to not be a frowned upon thing, if

you get what I mean. I wouldn't want that stress of feeling like I couldn't talk about it around my family. Like, I just think more than anything, I would rather have another baby and have my family support 100% then feeling like, at the time, an outcast. I think that would be the only thing that I would change, having more support from my family. I know now that they know that I am a good mum and that if I was to have another baby they wouldn't question it, if you get what I mean. I don't think I have any chance of my family like frowning upon me having another baby.

Hine-Titama contrasts the condemnation and lack of support she got when she was pregnant to the almost overwhelming positive support she received once baby was born and she had proven her parenting skills. She feels that this differential treatment based on age is unjust, unnecessary and unhelpful. She is grateful for, but also unassuming of, any support that she receives.

Developing into a 'Good' Mother

Proactively learning about parenting

Question: How did you get information about having a baby?

I would proactively look on the internet and stuff like that. I would go to the library and get books. I was really proactive in my pregnancy. And obviously antenatal [class], we would get a lot of information given to us like pamphlets, books and stuff like that. We had a breastfeeding DVD given to us which was cool... I think antenatal was where I got my information from. We all went to the hospital as well and looked at the birthing rooms while we were all pregnant... Actually, my aunty is a daycare teacher so she got me quite a bit of books to read up on. I think like, every kind of stage you get to, I would have gone and found something. Whether it was like teething or...she had problems bringing up her wind, and I would go out and try and find something to read about it to try and help her. Parenting just kind of came natural to me, but certain things like teething, I needed a bit more help like going to the library or the internet or asking my aunty to get me some books from school. I would ring the Plunket line [telephone support line for child health] if she had been up crying at night.

Changing lifestyle and unhealthy behaviours to 'good' mother behaviours

I started at TPU [Teen Parent Unit] just because I still wanted to do school and I wasn't going to sit around for 9 months waiting for her and not [doing anything]. I had friends at the TPU so I thought why not? I could go to school with my friends again and not feel weird with this belly on me. I changed my diet, dramatically, not in a bad way, I ate really healthy, and I even went to the point where I wouldn't eat like deli, like coleslaw or ham or anything. Like some people don't think it's bad but I was just really careful with what I ate. Like with exercising, I regularly took my mum's dog out and went for a walk and stuff like that, especially around the end of my pregnancy just to try and get things going. I would exercise on like, those big

medicine balls. I just thought I'm not going to think to myself just because I'm pregnant I can go and eat like McDonalds' and stuff like that, you know, like get fat basically. I just thought the baby is going to come out and I'm going to be really fat, so I'm going to change everything I do. I got into different things, like I got into different hobbies and thought I would just start trying knitting and knit baby some stuff. I just went from basically being 16 to 25. In that whole 9 months it just stayed like that. That's everything I changed in my life. I think I became more like honest with my mum as well because I thought, if I'm going to be a parent then I can't keep acting like a teenager anymore you know?...I actually smoked before I got pregnant with her but I just went cold turkey. I think I tried to have one while I was pregnant with her and I think I felt bad so I just thought, if I feel bad then I shouldn't be doing it, so I stopped. That's everything I changed when I got pregnant.

My friends [who don't have babies] and I have kind of taken 2 paths, because now I am like a stay at home mum, like I don't go out much. I'm just a stay at home kind of person... At this age, no-one like really gets why I want to [stay home], regardless that everyone knows that I have a baby, they don't really get why I don't want to go out or I don't even try and go out. You know, it's just not really what I should be doing as a parent. I shouldn't be going out all the time.

My daughter basically turned my life around. I don't think I was really going anywhere before her and I feel like she has given me so much motivation to be something and she gives me something to work towards.

Similar to most of the other participants, Hine-Tītama sees her child as her saviour who provided the motivation and purpose to change her lifestyle and behaviours from those that made her feel 'bad' such as smoking to become self-sacrificing or what she mentioned earlier as a 'good' mother. Although she felt parenting came naturally to her, she also felt confident to proactively seek information and support about specific aspects of pregnancy and parenting from her preferred sources when required.

Identifying as a 'Māori' mother

Question: Did you have any Māori or whānau practices, values or beliefs during your pregnancy, labour or parenting?

My kuia did a karakia before we went in [to hospital]...just to say please let this be OK.

I kept the placenta, because I'm wanting to bury it. Actually, I still have it and I think my marae is over in Rotorua. I don't really get to go there very often. We have a family marae. My mum and my auntie's and my kuia (grandmother) and all them have all buried their placenta's around there, so that is kind of like a traditional thing that we all do. I want to go bury my placenta there too.

One of baby's middle names is my kuia's name and all the girls in my family have got that name in their middle name and the boys in the family have my koro's name.

My name is actually my kuia's name, she has a long name like mine. I'm actually the only one that had been named after her which makes me feel a bit special. Yeah it's kind of a family thing to give her name as a middle name and give the boys their koro's. Yeah so baby got her kuia's name and another middle name from her father's grandma, cos me and her father are really quite close with our grandparents. So that name is his grandma's and it's her middle name as well. She has his [father's] last name. I thought I would keep that tradition going as well.

We have taught her [baby] a few Māori words and like, we don't all speak Māori to each other but we have taught her a few Māori words. I want her to obviously know some of her culture and like the food and stuff. We eat hangi (traditional method of cooking food in the ground) and stuff and I want her to have that. We say karakia before we eat and stuff like that. So that is like a must with her. Like a really want her to know the culture so I think it's like a must for her to be somewhat involved, like, visit our marae and like just tell her about my marae.

Yeah I intended to breastfeed. All the women in my family have breastfed, and I have seen it all around me, so I thought that like, that's obviously what I want to do. I breastfed up until she was 18 months. I actually planned to breastfeed her longer but I just started drying up and she was getting more hungry and I didn't have enough to offer her, so I had to just stop. But I intended to breastfeed, it has just always been around me, so I thought that is what you do.

Despite initially saying that she had not necessarily practiced any whānau or Māori customs during pregnancy, birth and parenting, Hine-Tītama then listed several different Māori values and practices. There may be a few reasons for her initial hesitancy to include Māori beliefs and practices related to parenting. The first is that it could be related to her ideas of what makes a 'good' parent being the development of a specific set of skills (as described previously). Her whānau practices and Māori beliefs are framed as additional or secondary parenting knowledge and practices; she does not position them as central to her mothering. Secondly, her uncertainty could also be related to her measures of the strength of her Māori identity and not feeling Māori enough, particularly compared with her perception of the interviewer being 'very' Māori. She may also not have identified some of these practices as specifically Māori traditions as some are also practiced by other cultures.

Ngā Kaupapa

Pregnancy framed as opportunity for change

Similar to many of the other participants, Hine-Tītama construed finding out that she was pregnant as 'unexpected' and 'shocking' and part of her previous behaviour. She demonstrated an awareness of the stigma attached to young parents with the belief that people should not be pregnant at a young age. She believed that her young age meant that

her pregnancy could not be framed positively or celebrated and her parent's condemnation was justified and expected. She also felt that she was judged and discriminated against by both her own whānau and the public because of her young age.

Positive but separate identity as a young parent and Māori

In order to counter the negative stigma associated with young Māori parents, Hine-Titama carves out a positive position for herself and her child by constructing her child as her saviour who provided the motivation to change her previous lifestyle and behaviours. She views motherhood as an opportunity to redeem herself. She distances herself from the negative 'teen mother' stereotype and associates herself with what she considers competent mothering attributes as a 'good' mother. She emphasises her experience raising children and inherent desire and natural ability to parent and lists all the parenting skills that she has learnt. She also associates this proof of competent mothering (despite age) as enabling previously strained relationships (due to disapproval of age) to be reconciled.

She does not initially include any aspects of being Māori in her descriptions of 'good' mothering. However, she positively and proudly identifies as Māori when she explains the origin and meaning of her name and her daughter's name, her large whānau, her experience helping to raise other members of her whānau, and her whānau tradition of breastfeeding. She seems conflicted when she talks about her role as a Māori mother and cultural conduit to pass on the level of Māori culture and knowledge, she wants her child to have. She may have felt contested about her Māori parenting identity because of her ideas of what makes a 'good' parent, additional stigma around identifying as a Māori parent, and her assessment of the extent of her Māori identity. Consequently, she picks some Māori practices that she is comfortable with to justify her Māori identity .

He kōrero nā Hine-te-iwaiwa: The Best Thing that Ever Happened to Me

Hine-te-iwaiwa was recruited through a focus group at the Teen Parent Unit. She was nineteen years old and enrolled at a Teen Parent Unit when she was interviewed. She shared her story with me at her family home looking after her nearly two year old son and similar aged nephew. Hine-te-iwaiwa was very open and directly answered each question with as much detail as she could.

Hine-te-iwaiwa was seventeen, living at home, about to start her last year of high school, and had just separated from her boyfriend when she found out she was pregnant. She moved to a Teen Parent Unit to complete her NCEA level 3 [final year high school qualifications] and gain university entrance. Hine-te-iwaiwa had strong support from her parents and whānau, health professionals, and some teachers from her original high school and the Teen Parent Unit. However, she did experience some stigma about her young age and felt that she needed additional support as a young parent. Hine-te-iwaiwa and the father of her baby resumed their relationship for the sake of the baby, but the relationship did not last. Hine-te-iwaiwa attended an antenatal class specifically for teens, was proactive with educating herself and was well-prepared for birth.

Hine-te-iwaiwa positively identified as Māori and included many examples of how this influenced her parenting. My own influence on Hine-te-iwaiwa's kōrero was evident when she downplayed the many Māori childbirth related customs that she practiced in comparison to what she perceived was my high level of understanding or expectation.

Hine-te-iwaiwa's story was about making the most of her unexpected situation. Although she was not expecting to get pregnant at that time, she quickly adapted and approached it as motivation to achieve her aspirations of further education and being a mother. Her strong positive relationships with her whānau and her mother, were reassuring and mostly protected her from negative stigma or discrimination. However, she did struggle to cope on her own after the baby was born when her mother could not be present all the time. She was quietly determined and seemed satisfied with her parenting role.

Hine-te-iwaiwa's Kōrero in her Own Words

Finding Out About Being Pregnant

An unplanned but welcomed pregnancy

Question: If I can get you to think back to when you first found out that you were expecting a baby, how did you feel about your pregnancy and becoming a parent?

Well mum was with me when I found out [I was pregnant] cos we were at the doctors. She had already made me do like 2 or 3 pregnancy tests at home and they were all coming up positive. But she was a bit in denial. So we went to the doctors and they told me again that I was pregnant. I think that mum was overwhelmed and she was scared because she didn't think that I would cope. I was scared to tell my dad because I thought that he would get angry. I told him the day I found out. We came home and I was standing in the kitchen and I told him "Dad I'm pregnant" and he just looked at me. He thought it was a joke and he just laughed and said "no you are not". Then he looked at my mum and mum just nodded. I think he was disappointed because he thought that I had ruined my life. Then he cried and I cried. After that they were happy and they just said that they would support me through it – everything. And that no matter what I chose that they would be there 100%. I think that made me feel a lot better knowing that I had their support.

I was happy but I was also a bit nervous because of just the timing, I was about to end my final year at High School. It wasn't a perfect time for me but I guess everything happens for a reason. It was a bit of a shock to everyone really because I had just broken up with my boyfriend and had stopped taking my contraceptive pill. That's when I found out I was pregnant. Once I got over the initial fact that I was going to be a mum, I started looking forward to it. I was pretty happy. It was all right after that.

I think I was about 14-15 weeks and I had a scare when I started bleeding. It was in the morning when I was getting ready to go to school and it was more than just like light spotting, it was like quite heavy. So we rung [midwife] and she just said to go straight to A & E [Accident and emergency department of hospital]. I think that was when I got really scared because up until then I was like "how am I going to be a mum"? But after that I just knew immediately that I didn't want to give up the idea of it. I think it scared me to have it nearly taken away from me after I had just like got used to the idea. Once I got to A & E and they did a scan and everything and they said it was all fine I was quite relieved.

Hine-te-iwaiwa felt that the timing of her pregnancy was not 'right' as she was too young, had not yet obtained a tertiary qualification or employment and was not in a stable relationship with the father of her baby. She knew that her early pregnancy would disappoint her mother and father and they were concerned about her ability to cope with a baby. Nevertheless, they were also unconditionally supportive. After an early scare of nearly losing the baby, Hine-te-iwaiwa quickly realised that she wanted to become a mother.

Trying again with the father

Question: How did you feel about your partner at the time that you found out you were expecting a child and did your relationship change?

Once I found out that I was pregnant we decided that we would try and be together for him [baby] just because I think I was scared of having to do it alone. But I never

actually forced him to stay with me. He could have left if he wanted to but he chose to stay with me. I don't think he was as excited at the idea as I was.

Although Hine-te-iwaiwa and the father of the baby had already separated before she found out she was pregnant, they still thought that it would be beneficial for the baby if they were in a relationship. However, Hine-te-iwaiwa doubted whether the father wanted to have a baby, whether he wanted to be with her and whether staying in an unwanted relationship would be beneficial.

Finding Support

Question: What type of support did you receive during your pregnancy and how did you feel about it?

Doctor/Midwife/teen antenatal class/whānau

At the start when I saw my GP [doctor] they gave me like a pregnancy information pack to help me choose a midwife. They helped me choose a midwife and they were really supportive and they weren't negative towards me or anything which was really good. Then, like I rung [midwife] and asked to initially meet her. When I first met her she was really nice and welcoming. [Midwife] was amazing. She was really supportive. From the moment I met her I knew I was going to have her because she was so, we just connected and it was really nice. She gave me lots of information. She made sure that I was clued up and knew what to expect. She was really cool. She got me in touch with the pregnancy centre for antenatal classes. They were really helpful. Because its mainly only teen mums that go there anyways so they were really good. It helped a lot meeting other teen mums that were pregnant as well. It was cool. It made me feel like I wasn't the only one. My mum as well and all my aunties and my sisters they were really supportive.

Overcoming discrimination

Well I was at High School. I had to tell my wee group, I guess you could call them my counsellor or whatever - they were in charge of that one year. I can't even remember what you would call them. (Question: Like a Dean?). Yeah like a Dean. I had to tell them because I had camp at the start of the year and it was like lots of physical activity and my midwife recommended for me not to do it. So I had to tell them that I couldn't do the camp and then they had to ask for a reason why and then I had to tell. They told the principal and the principal really tried to enforce the idea of me going to the Teen Parent Unit straight away because she didn't want it to reflect badly on my high school. But I just chose to stay there anyway because I wanted to finish up as much as I could before he came along...I did try to just go to school every day that I could like even if I felt like a little bit sick I just tried to stick it out because I knew I wasn't going to be there for long anyway. I just wanted to get as much as I could get done as soon as possible before he came along...So the deans were really supportive of me staying and they helped me with all my classes,

making sure I was able to get extra support if I needed it. I went to the counsellor as well and she got me in touch with the Teen Parent Unit and took me to get enrolled for the next year when I would start.

Lack of support from hospital

Question: how was the immediate after birth care? How did you feel about the support you received?

I think they [postnatal nurses] are all right but like when they come around in the morning to check on you they seem quite pushy to get you out of there. If you don't have a good enough reason to stay there then they pretty much just discharge you. Only because they want the bed space which I get that because I guess that people can go into labour at any time. But it's hard for like teen mums especially if they don't know what to expect and they don't know what they are meant to know. I think they could do a lot better... I think that next time around just because of the way the hospital nurses were I would probably look at having a home birth. It would be a lot easier and because I would know exactly what to expect and it would be a lot easier to do.

Hine-te-iwaiwa felt that she had mostly positive responses to her pregnancy and birth, particularly from her whānau and midwife, which enabled her to feel supported and informed about her needs and rights. This confidence also helped mitigate the two negative responses she did have. She was forced into telling the principal of her secondary school about her pregnancy (to justify not being involved in intensive physical activity). The principal then tried to discriminate against Hine-te-iwaiwa by reinforcing the idea that being pregnant was not compatible with being at a mainstream high school and therefore she should leave. However, she stayed and achieved at school until she made the decision to go to a Teen Parent Unit on her own terms. Hine-te-iwaiwa also did not feel supported by the nurses at the hospital after she had her baby and was discharged before she was ready. She felt that being a young, first time mother who might not know what to expect or how to look after her baby would a sufficient reason to be able to stay in hospital for longer to access professional support. In order to protect herself from this negative attitude Hine-te-iwaiwa considered home birth as a future option.

Preparing to Have a Baby and Become a Parent

Question: How did you get information about having a baby?

I went on YouTube a lot and google, just googling lots of different ways you could give birth, like a water birth and like the option if I had to ever have a caesarean. I looked into that as well - the positives and negatives of all of them. I also looked into like acupuncture as well because [my midwife] had mentioned it and I wanted to learn a bit more about it. Because I also had a couple of girls that I had been to

school with and they had had their own kids as well so I was sort of asking them what to expect. That was really helpful. Just trying to get as much information as I could so I was like fully aware and there was nothing too much of a shock or a surprise.

Question: Did you think that you needed any other information or support while you were pregnant?

Um, not really. I don't think really anything can prepare you to be a mum until you are actually in that situation, unless you are actually going to be around a baby that you carry around for like a week and you have to change them. Like my nephew being born 5 months before [my baby]. That really helped actually having a newborn baby around us. It got me in tune to waking up early.

Hine-te-iwaiwa was proactive in finding information about pregnancy and birth, particularly from online sources and about alternative approaches. However, she felt that nothing could really prepare her for the reality of parenting, other than being around a newborn baby and adapting to their needs, which she was fortunate to experience from her wider whānau.

Mother as primary support

Question: Who was the main support for you while you were in labour?

My mum, my mum definitely. Especially while I was doing most of it [labour] at home. Because dad would go in and out I think - go out and get some fresh air. I think it was a bit overwhelming for him. My dad wanted to be there but I think he was trying to respect my space and stuff. I wouldn't have minded if he was there...But yeah definitely my mum was my main support especially when I thought I couldn't do it anymore. It was just going on for ever and she was the one to pick me up and say "yes you can, you can do it, you have to do it". She was amazing.

Question: From who or where did you get information and support about parenting?

It was hard because my mum pretty much went straight back to work after I had him so I was like home with his dad the majority of the time straight from when he was born. I used to just ring mum up at work all the time and be like "He is doing this, is this normal? Why is he doing this?" She would pretty much just try and like, she had half days for a long time because I wouldn't let her get any work done. Also, his dad's mum was also quite helpful. She would come and visit me and she would also give me some tips and stuff which was all kind of helpful. Mainly pretty much just trying to sort it out all on my own. Trying to figure it out.

Question: How did you spend the day [with a new baby]?

Sometimes I would get pretty scared because I didn't think I could cope and it was pretty hard at the start. I think I had a bit of postnatal depression looking back on it now because I would be quite anxious. When he would cry and I would get really

upset and cry with him. I don't know if that's postnatal depression or if that's normal. I think the first 3 months was probably really hard but after that it seemed to calm down a lot more. Now I would have coped better.

Hine-te-iwaiwa identifies her mother as her primary support during labour and postnatally, especially as her dad seemed overwhelmed. Her partner does not seem to feature in her story. However, Hine-te-iwaiwa struggles to cope when her mother must return to work soon after the baby is born, and she no longer has unconditional access to her mother's comprehensive support and reassurance. Fortunately, she finds some support in her mother-in-law and develops her own approach.

Māori practices, values or beliefs during pregnancy and birth

[Baby's]s first name is his dad's middle name and then his [baby's] middle name comes from my koro. I wanted it as his first name but his dad thought it was too hard to pronounce. That was like a special thing because no one else had given my koro's middle name to any of the other kids so I thought it would be special. We have a photo of him up over there, he [baby] likes to go and talk to him. So I'm like wondering if that's a connection. It would be pretty exciting to see as he gets older.

I kept the whenua and I put it into an ipu whenua. We are just trying to find a place to bury it now. Hopefully we can take it back to the marae. I stopped cutting my hair. We were meant to go to a tangi [funeral] up at our marae but I ended up just staying in the car, just because I didn't know if I was allowed to anyway. Just trying to incorporate Māori words into like every day. ...But now as he is getting older I thought of like getting him to like learn Māori more so that he can be like bilingual. That is like my dream...

Hine-te-iwaiwa identifies and describes some Māori practices related to pregnancy, childbirth and parenting. For example, she continues a tradition of strengthening her son's spiritual connection to whakapapa by giving her son names that link him back to his ancestors on both sides of his parents. She also nurtures her son's cultural connection to tūrangawaewae (place) by keeping and returning his whenua to his marae. She also has plans to help him become bilingual in te reo Māori. However, she seems a little unsure of the reason for some of the practices and doubts whether she was doing them correctly.

Te Kaupapa

Not the right time but still welcomed

Similar to most of the other participants, Hine-te-iwaiwa felt that the timing of her pregnancy was not 'right' and draws on the social discourse about the acceptable age of

mothers. She justifies this with the narrative of the 'right' mother being older, more educated and in a stable relationship with the father of her baby. This idea of correct timing is reflected in the discrimination that she experiences which makes her feel like she has deviated from the preferred life course trajectory and was therefore an inappropriate role model, a burden, and not deserving of support. However, she resisted the stigma of being a young parent by continuing with her education. She was also surprised by an uncaring and indifferent attitude from postnatal nurses at the hospital despite that she was a young, first time mother who might not know what to expect, how to look after her baby, or have the resources to do so.

The positive support from her mother and her midwife enabled Hine-te-iwaiwa to overcome the few instances of discrimination and her feelings of vulnerability and feel much more confident in how she would parent in the future. Hine-te-iwaiwa identified as a Māori parent but seemed to doubt her Māori identity and downplayed Māori practices as not being significant or sufficient. This may be due to Hine-te-iwaiwa contrasting her cultural competencies with her perception of the researcher being culturally competent.

He kōrero nā Hineraukatauri: Making a Better Life for My Children

Background Summary

Hineraukatauri did not attend a focus group interview and was nineteen when we met for the first time and interviewed at a Teen Parent Unit. She had two children; a son who was almost three and a daughter who was one and a half years old.

She was fifteen years old and still at school when she unexpectedly found out that she was pregnant with her son. She was still living at home with her mother and brother and not in a stable relationship with the father of the baby who was in and out of prison. She was seventeen and heavily pregnant with her daughter when she decided to move out of home by herself in order to create a more stable and positive environment for her children.

She did not attend antenatal education and did not actively seek out information about pregnancy, birth or parenting. She had a positive supportive relationship with her midwife, neighbour, child health nurse and friends with children who provided information and advice. She made a range of lifestyle changes during pregnancy including quitting smoking tobacco and marijuana, and stopping drinking alcohol, continuing with secondary education and moving into her own home. She identified with her iwi but did not consider herself to be actively engaged with Māori culture or actively practicing Māori customs.

Hineraukatauri was very reserved and gave short answers during the interview, often not completing her sentences. This meant her individual kōrero includes more questions and comments from the interviewer and more scaffolding summaries of her written kōrero to provide a fuller picture of her stories. Her interview gave the impression that she was not sure if her story was worthwhile and that she had little experience of telling her story or being genuinely listened to. However, she did volunteer to talk with me and seemed interested in the research.

Hineraukatauri's story is about quiet confidence and learning about parenting along the way. Despite having little knowledge or preparation before she became pregnant and little whānau support, Hineraukatauri found support people who she could build trusting relationships with and learn from. She proactively changed her lifestyle and created a stable nurturing environment for her and her children. She showed determination and was successfully working towards achieving long-term aspirations for their future, which included gaining a tertiary qualification.

Hineraukatauri's Story in her Own Words

Finding Out about Pregnancy

Question: So thinking back to when you first found out that you were expecting a baby, how did you feel about your pregnancy and becoming a parent?

Well I was 15 when I got pregnant with my son. I was shocked of course. Because it was like around exam times that I found out so I just wasn't prepared or anything. It sort of didn't really sink in until I had him. At first I was just like oh yup I've got a pregnant belly. (Question: And what about your second, what about your daughter?). I was pretty scared at the time, I was more scared than

the first time because I knew I was going to have two. (Question: scared of?). Just giving birth. (Question: the pain?). Yeah the pain with the last one. But also I was tired because I was running around after my son and already pregnant and couldn't just go. But it was okay.

Hineraukatauri was shocked when she found out that she was pregnant at fifteen. She was at secondary school and preoccupied sitting National Certificate in Educational Achievement level 1 exams. She did not fully comprehend her situation until she gave birth. When Hineraukatauri found out that she was pregnant with her second child soon after at age seventeen, she was scared about how she would cope with sole care for two children. However, on reflection she feels that she managed in both situations.

Reaction from parents and friends

Question: How did you feel about sharing the news that you were expecting a baby with your whānau and friends and how did they react?

I told my mum. I'm pretty close with my mum and so she was actually okay. She was like "I'll kick you up the ass if you are pregnant" sort of buzz. I didn't tell my dad. My mum told my dad. I felt like I was letting him down. (Question: and how did he react?). He cried more than I did. Because he was like "oh my baby is having a baby". (Question: what about your friends?). I guess they were shocked. I was young. (Question: did you stay friends with them during your pregnancy?). Yup still friends with a lot of them. Keep in contact on Facebook and stuff. But a lot of my friends have kids now so that is kind of cool...Heaps of my friends, like most of my friends helped me get stuff for baby. Like they would buy stuff. They were pretty good.

Similar to many of the other participants, Hineraukatauri constructs the negative reactions to her pregnancy as being justified because of her particularly young age. She already knew that her mother was disapproving of becoming pregnant at a young age but felt that their close relationship helped to ease the disapproval. She struggled with telling her father as she felt that she had disappointed him by taking on such significant responsibility prematurely. Her friends seemed less shocked and many also became pregnant at a young age.

Sources of Support

Relationship with the father of her children and in-law's

Question: So how did you feel about the father of the child at the time when you found out you were expecting your first child?

He was a dick. (Question: were you with the father at the time?). Not at the time. (Question: did your relationship change when you found out?). We argued heaps, a lot. We moved houses a lot. And then he went to jail. (Question: was that before your oldest was born?). Yup. (Question: you talked about your mother-in-law during pregnancy, did they support you?). Not really in the beginning because they were like "you are only 15 and blah, blah, blah". I was like "I don't care, I need help". But then as I got more heavily pregnant they did help a lot...yeah she [mother in law] is really good with the kids. But she doesn't see them anymore because she doesn't have a car anymore and because she lives on this side of town and I live on the other side... She is really good when she does get them and they love her...yeah I'm glad that I get along with her because she is the only in-law on that side of the family that I know and get along with.

Hineraukatauri did not consider her relationship with the father of her children to be stable or healthy and he was not a source of support for her or her children. She does, however, pursue a relationship with his family, her mother-in-law, despite some initial negativity about her young age and the actual support they provide being limited.

Positive support from Midwife and neighbour

Question: What type of support did you receive during your pregnancy, so it can be any type of support like financial or emotional or?

I had my midwife and my mum sort of...My mum was like always on the drink back then so I couldn't really, she didn't care. Well she did care but she was always drinking. (Question: what was your midwife like?). She was really cool. She was just lovely about everything. She let me know everything about what can happen and whatever. She was actually my friend's aunty so that was good. She was like all my other friend's midwife as well. I had already met her. (Question: is that how you were referred on to her?). Yeah my friends had her and then with my second pregnancy I had to have her [midwife's] midwife because she was pregnant as well. It was so funny. (Question: and did she recommend her midwife?). Yup and she was really nice as well. But she was just like, got to the point with things though. She was really nice though.

Question: How did you get information about having a baby? Some people have talked about someone in their whānau or looking on the internet or reading books or maybe antenatal classes?

I didn't actually do much to be honest. I went to a couple of antenatal classes but I didn't go to most of them because me and my boyfriend were always arguing...I was 15 and thought I knew everything but I didn't...I just didn't read...I didn't really want to know about the pain... yeah I probably did [need more information] because I didn't know what was going on or anything...Other than that it was just friends telling me how it went for them. (Question: did these other friends already have kids?). Yup my neighbour had two children at the time when I was pregnant with my first and she just told me the way to go pretty much.

Although Hineraukatauri had a close relationship with her mother, she did not view it as a key supportive relationship because of her mother's alcoholism and inability to provide reliable practical support. However, she developed positive relationships with her midwife (who was referred by other friends who had had a baby) and neighbour (who also had children). They provided support and information during pregnancy.

Changing Behaviours to Become a Parent

Question: Did you purposely change anything in your lifestyle while you were pregnant?

...I quit smoking and drinking and... (Interviewer: well done). I used to smoke weed all the time. I just gave it all up. (Question: So did you go cold turkey or did you get some help or?). Yeah I went cold turkey. Apparently, I wasn't meant to but I did. (Interviewer: that is a huge achievement). Yeah, but I started smoking again after I had my son. I was pregnant most of the time so I gave it all up again. I felt it wasn't that hard. (Question: what about like diet or exercise or like living arrangements? Did you move out of your house when you were pregnant?). I moved out of my house when I was 17 and pregnant with my daughter because like my mum and brother and sister were like everything [drinking] and I was like "nah I got to get away from that". (Question: So you moved into your own place?). Yup. (Question: Just you and your two kids in your own place?). Yup

just me and my own kids yup. (Question: Cool and when did you start attending the TPU? Were you still pregnant or?). No I had my son, he was about 5 oh hang on he was about 3 or 4 months old at the start of a term.

Similar to most of the other participants, Hineraukatauri proactively and independently made positive changes to her lifestyle to create a better future for her and her children. This meant immediately quitting smoking cigarettes, marijuana and drinking alcohol, removing her children from the negative influences of her family home, and going back to fulltime education (at a Teen Parent Unit) when her oldest son was just 3 months old.

Becoming a Mother

Learning to mother

Question: So how did you know what to do when he was crying and you had a new baby?

I didn't know what I was doing. (Question: you just went with your gut feeling?). Yeah. (Question: how did you find that?). Hard, I struggled a lot but I made it. Second time around is easy. Yeah she is a breeze... She was my second and I know what I'm doing. But with my son I'm still learning because he is older.

Hineraukatauri admits that she did not know much about parenting before she became a mother and she did not proactively seek out information about parenting. Instead, she views mothering as something that she is constantly developing to respond to the ongoing growth and development of her oldest child. She then applies her learning to her second child and feels confident with the result.

Unsure about Māori practices

Question: So did you have any like Māori or whānau practices during your pregnancy or labour?

I heard about them but I have never really done it. Yeah, na, not really. (Question: What about the placenta or the pito?). I have still got them. I want to put them somewhere special. (Question: How did you make that decision?). Just want to yeah. (Question: have you heard of other people doing it?). Yeah my mum did it with mine, probably a family thing. (Question: So do you know where you might put it?). I don't know... I sometimes use Māori words for like body parts or like things like stand and sit, e tū and noho, counting in Māori. (Question: is that important to you?). Not really but I have like found my son really likes to talk Māori so I want to really keep expanding it because he is pretty good.

Hineraukatauri does not seem certain about Māori or whānau practices surrounding pregnancy, birth or parenting and she does not seem to be well supported by her whānau to implement any practices. However, she has identified some practices that she feels comfortable with and has proactively supported her children's desire to learn te reo Māori.

Being a Young Māori Parent

Fear of stigma and discrimination

Question: and you said you moved out [of your family house] because..?

17 yup because I was struggling and what not. I was like “no” [to partying or drinking]. (Question: and you didn’t want that around your children?). But I was lucky to have my own house because I was 17. (Question: and it is a good house? Is it warm?). In the winter it is pretty damp but I can’t do anything about that. (Question: does it have like an HRV or dehumidifier? What is your landlord like? Is it a state house?). No it’s private but I have got a new landlord now and I don’t really like her. (Question: but can you ask her for things? Like can you say it’s cold?). Yeah probably but she is real, the way she talks about things is really nasty and I’m just like “oh”. I wish I had my old landlord. I don’t know, because like some parts of my house the wallpaper is like already peeling off and she sort of, like I don’t know how to stop my son from not peeling it off and she got really mad at me. I was like “well sorry I have a 2 year old and he can reach it. And I have my daughter so like I can’t watch him 24/7”. (Question: so has anyone told you that she is a landlord and that she has a responsibility to fix it before?). I know...and because my friend works with like a [home ventilation system] installation place so I gave her the number so she could ring them up and convince them to buy one for the house.

Hineraukatauri really appreciated having her own house and being able to determine who lives with her and the influences surrounding her children. Despite major issues with the private rental house that affected her children’s health and wellbeing, she was hesitant to complain or ask for improvements or suggest a solution, in case her landlord responded negatively or evicted her. She fears the stigma attached to young parents will mean that her young age and having children would be viewed unfavourably and result in her and her children being discriminated against and not being treated fairly or justly.

Challenges as a young parent

Question: Okay so thinking back over the last few years parenting, were you happy with the support you received or were there other supports that could have helped you more? What was the most beneficial?

I didn’t have a vehicle so I used to walk to school until I was 7 months pregnant with my son....Most times I had to walk around with the kids everywhere unless I found someone to come over, probably my mother or my brother to watch her so that I can go get groceries and stuff. But that’s cool. I really need to get a car. (Question: is there anything else that you would change?). It would probably just be money for when I go off to start at [University] next year. (Question: Will you stay on the same [welfare] benefit or would you move on to?). Yup sole parent [payment] with [department of] work and income. I was talking with my case manager the other day and she said it would be best if I stayed on it until I think my youngest is like 5 and that will be my last year of study hopefully and then switch to Studylink [student allowance] otherwise I would just have to work. Well I wouldn’t mind to change, I could even be off it maybe. (Question: So would you consider working part-time now or?). I probably would but it’s just transport because of my... (Question: and getting people to look after your kids?). Yeah. Or keep them in daycare for longer.

As a sole parent, Hineraukatauri identified help with basic resources such as transport, childcare and income as useful to her parenting and achieving future aspirations. These will be especially significant when she transitions from a Teen Parent Unit which has some resources and wrap around support such as providing transport and early childcare, to a tertiary institute which does not necessarily cater to students who are also parents. She is also concerned about the changes in welfare benefits which may require her to work part-time while also studying full-time and being the sole carer for her children.

Ngā Kaupapa

Little disadvantage of having children early

Hineraukatauri's pregnancy at a young age did not seem to (negatively) affect her relationships or circumstances. Her circumstances before she became pregnant were of hardship with little support. She was already quite self-reliant and accepted other people's inability to provide support due to their own personal challenges. She did not hold them personally responsible. Instead, becoming a mother provided the motivation to proactively change, develop new support networks, and create a better future for her and her children. Hineraukatauri is proactive about sourcing stable positive support from others with experience or expertise in raising children. These sources of support mostly had experience as young parents themselves, were also Māori, could easily relate to her experiences and specialised in working with young parents and Māori.

Hineraukatauri is very appreciative of any help and support that she receives, even if it is of low standard. She does not feel that she has the right to ask for better treatment or that she deserves it. She is acutely aware of the negative view of early childbearing, particularly how her parenting is scrutinised and how her children are positioned as a burden. She views any difficulties that arise as a consequence of having children young as her personal responsibility to overcome, which she does.

Hineraukatauri is a bit hesitant to claim a Māori identity and is unsure about some of the Māori practices related to pregnancy, childbirth and parenting. She does not talk about involvement in marae or tribal affairs, participation in Māori cultural activities, use of te reo or whānau practices. However, becoming a mother has facilitated an increase in her engagement with Māori language and culture because of the benefits for her children.

He kōrero nā Hineraukatamea: Let Me Be My Own Redeemer

Background Information

Hineraukatamea was recruited through a fellow young Māori parent (Rongomaiwahine) at a Teen Parent Unit with whom she also interviewed. The stories of the two interviewees crossed over when they both talked about the struggles they had with breastfeeding and feeling that their mothers were too involved with raising their child and overpowering their parenting. They also supported each other during the interview reassuring each other that what they had said made sense or helping to further explain some responses to the interviewer. Hineraukatamea did not attend a focus group and I had not met her prior to the interview.

Hineraukatamea was fifteen when we interviewed, and her son was four months old. She was the youngest participant. She was single and had little to do with the father of the child who did not know that he had fathered her baby. She lived at home with her nan [grandmother] who was her primary support. Before she found out that she was pregnant, Hineraukatamea had ceased education, was drinking and taking drugs and hanging out in town late at night, was transient (homeless) and was engaged with Child, Youth and Family [government agency responsible for the state care and protection of children and young people]. Despite her pregnancy being unexpected and finding out very late in the pregnancy (at seven and a half months) and not being with the father, she quickly adapted to being pregnant and changed her behaviour. Hineraukatamea did not attend antenatal classes but was referred to a Teen Parent Unit and engaged with the unit's social worker.

Her whānau almost predicted she would get pregnant at a young age and were mostly supportive of her pregnancy and welcoming another grandchild into the whānau. However, because of her young age, her lack of finances and lack of involvement with the father, she was very reliant on her whānau. As a result, she felt that her mother was too involved with her baby, undermined her parenting and neglected her own needs as a daughter.

Hineraukatamea's story was about being able to make her own decisions. Her first decision was not to tell the father of the baby about her pregnancy which she justified as protecting the baby from an undesirable influence. She did not seek advice or support from others. She wanted to learn for herself what worked best for her and her baby.

Hineraukatamea's Story in her Own Words

Finding Out about Pregnancy

I bloody cried. I cried for a day nonstop. I was scared that my mum and my Nan were going to smash me [physical discipline]. I don't know, perhaps because it was my birthday and I had just bought some alcohol and I wasn't allowed to drink it [because I was pregnant].

(Interviewer: And how far along were you?)

When I went to get double checked and they said it came out positive and then I went for a scan and I was just going on 8 months...

Because I was so far along being pregnant, abortion wasn't an option. I would never do that to my son. I couldn't do that.

Mixed reactions from whānau

My mum was over the moon [about the pregnancy] because her mum and her had had this bet, right. My mum had bet that I would get pregnant between 15-18 and my Nan bet that I would wait until I was 21. My mum won – bitch. So my mum was over the moon that she was getting another grandson because it is more common to have girls [grandchildren]. My Nan was disappointed in me which broke me. That was one of the main reasons why I cried. My friends? They knew it was coming soon enough – bitches. I don't know they just thought that I would be the first one pregnant kind of thing. My family? My brothers won't talk to me now. They will come around to my house but they won't see me. My sister - she can't talk because she had kids when she was young. My family were kind of like, half and half. Half are all good and half hate my guts. I don't really care.

Hineraukatamea is upset when she finds out unexpectedly that she is pregnant. She is initially resentful that she will have to unexpectedly change her lifestyle and concerned about disappointing her grandmother with whom she has a very close relationship. Her family and friends seem to have predicted that she would become pregnant at a young age. While her mother is particularly happy about having a grandson, others are disappointed about her age. Although late gestation made abortion not an option for Hineraukatamea, the expectation from her whānau and friends for her to conceive would have made abortion or adoption a difficult and unlikely choice.

Not telling father of the baby

He [father of baby] doesn't actually know because at the time that I found out that I was pregnant I wasn't actually with him. We had split up for about 3 months because me and him had a big fight. That is one of the main reasons that I took off up to [city]. When I found out that I was pregnant I was actually kind of sad because my baby's daddy is a bum, he goes around asking for money to buy drugs and he was smoking weed and taking pills and drinking. That is probably one of the main reasons why I don't want him in my child's life.

I would low key like the father to be involved but I don't, if you know what I mean? I want him to know he has a son but I don't want him to be a father figure.

I would be happy for his dad to be involved if he wakes up and stops doing drugs, because I won't have drugs in the house and I would tell him. But I don't see that happening any time soon.

Hineraukatamea had not told the father of her baby that she was pregnant. Their relationship had not ended well before she found out and she thought she was protecting her son from his father's negative influence. She thinks that he was not ready to be a father and doubts whether he would be motivated or able to change his lifestyle in order to provide a secure and safe environment for their child.

Gaining Support

Primary support relationship with grandparent

Question: What type of support did you receive during your pregnancy, from whom and how did you feel about it?

I wanted my Nan. She was the only person that I asked for. Just my Nan. She was always there for me....I wanted my Nan right beside me [in the delivery room]. Like I wanted my Nan there holding my hand. So my Nan was there...

I'm pretty happy because I have got my Nan's support. She has helped me and attended all my appointments. She gives me money. Yeah she has just helped me to be independent.

Supporting professionals

Question: Did you see a health professional or any other practitioner or healer during your pregnancy?

I had a social worker - because I was previously under CYFS [Child Youth and Family Services – state care]. When CYFS found out I was pregnant they sent my social worker over and she jammed me up with [Teen Parent Unit Social Worker], the social worker that used to be here. The good one. ...I had a midwife who was like fancy free because we rang all the midwives in Palmerston North and then we finally found a Māori one and she was really cool. She was really nice. She was good. My mum loves her.

(Question: and how did you feel about the treatment that you received? Was it what you expected or did you want more?)

I didn't know ay. [Social worker] got me a bed which is so random cos the bed is so comfortable and they gave me like blankets and stuff. Our midwife, she was really nice, she gave me all these numbers for antenatal classes and all that but it was kind of too late because when I was due [to give birth], it was starting.

Hineraukatamea's previous involvement with Child, Youth and Family Services was useful when she became pregnant as they provided help referring her to other support services such as a Teen Parent Unit which also had an attached social worker. Hineraukatamea sought out support people who were Māori, whom she admired and considered friendly, provided practical support and were endorsed by her whānau.

Feeling Disempowered

Different ways to celebrate birth

When my son finally decided to come out my brothers did like, I don't know, like a quiet haka [war dance] sort of thing. The nurse came in and I was like "just leave us alone". My mum and my aunty came in with the minister. They blessed him and they were going to like christen him right there and then and I was like "oh my god, can you please get out? It's not the right time to be doing this". My brothers and that came in and they were going to bring in alcohol and I was like "are you kidding me? I'm not allowed to drink!" Well that's what I said, but I really wanted to, but I had to

breastfeed. I was so bummed about it. And then yeah they just did a full on haka and then the minister came in and they took his placenta away and then his other part thingy [umbilical cord] dropped off and that got buried at Ratana [Māori religious settlement].

Hineraukatamea felt overwhelmed with the many ways that her whānau wanted to welcome her son into the world. She felt undermined by the lack of consultation from her whānau about their aspirations to celebrate her son's birth. She does not seem to be informed about, agree to, or be happy about some of the practices.

Feeling overpowered by her mother

Question: What was it like after you had him, after you had your baby, the first couple of hours, those first nights after you had him? What was the aftercare like?

They said to me, they were like "do you want to hold him?" and I was like "na, I'm sweaty and I smell like blood so I want to have a shower". I really wanted to have a shower and I wanted to be the first one to hold my child. So I went to go and have a shower and I came out and my mum was holding him. I wanted to get in a rage but I didn't because my brother was looking at me saying "don't do it". She did exactly the same thing with my brothers children, she took over thinking that she was the mother. If I could do it all over again, I would wait until I was 21 and a business woman. I don't know what I would do differently. I would probably tell the dad. I would probably not tell my brothers so they didn't come in doing their bloody haka [celebratory war dance].

Question: Where did you live with your new baby and how did you feel about living in that home?

When I first had my son it was me, my mum, my brothers, my nan and my son. And then my brothers left, my mum and my younger brother stayed. But then I got too stressed out with all of them. Because then I got into real bad depression so I got to a point where I didn't want to hold him, I didn't want to touch him because I didn't feel like it was my child.

(I: are you still living there?)

J: No, I kicked mum out. I was sick of her.

Question: Are you happy with the support you have received or what other supports would you want in order to help you to be the best parent that you can be?

I would want my mum to back off. She like rings me like twice a day, like first thing in the morning and the first thing she talks to me about is "how is my moko [grandchild]?" and I'm like "oh my god" and there's no "how are you this morning?" So, I have got to the point where I don't answer the phone because I know it's her because she rings me at the same time every morning. For support, I would want my mum to back off, let me be a mum.

Hineraukatamea resented being reliant on her mother because of her young age, lack of finances and lack of support from the father of the baby. This almost complete reliance on her whānau for resources for herself and her baby seemed to affect the balance and development of roles and responsibilities of caregiving within the whānau. Living with her mother meant having more people to care for her baby but left her feeling undermined as a mother, detached from her baby, and emotionally neglected. She felt that her mother's overwhelming attention in particular was a barrier to her own health and development.

Developing into a Mother

Changing behaviours to be healthy

When I found out I was pregnant I didn't drink [alcohol]. But because I found out so late I was kind of scared because I had smoked drugs and I smoked tobacco heavily and I drunk like top shelf [alcohol] shit like with coke and stuff. So I was kind of scared. But when I found out, a couple of weeks later I stopped smoking drugs and I stopped smoking and I didn't drink and I kind of stopped going to town as much, but town had settled down and things too. I tried to like not change myself, just like trying to change my habits like going out. I knew I wouldn't be able to do that anymore - drinking - couldn't do that. Yeah just trying to take that going out chick inside of me out of me, if that makes sense.

Similar to most of the other participants, as soon as Hineraukatamea finds out that she is pregnant she proactively changes some of her behaviours to increase healthful outcomes. However, she does not want these changes to significantly change her identity or how she defines herself.

Being self-determining

Question: From whom did you get information and support to help you look after your child?

I had heaps of help. They [whānau] were helping me change nappies and other tips from them. Because my older brothers both have kids, I used to babysit them. I didn't actually want any help and I still don't want any type of help. For me, it's like I want to try and you know, like if I do something that doesn't work then I will try something different. Day-care for me, like the lady that looks after my son, she is real bossy and she is always telling me he has to sleep all day. But some afternoons, like when we go home he likes to be up and play around and be with his Nan and all that. So, I have to do one thing here and then when we go home it is just totally different. I just like to do trial and error. Try something and if it doesn't work then just do it differently.

Hineraukatamea had experience in helping to look after her nephews and nieces and felt confident in her abilities as a parent. Despite being offered lots of help, she did not want someone else to tell her how to look after her son. She wanted to be responsive to her baby, to learn from him and to be supported to look after him herself.

Māori Beliefs about Childrearing

Whakapapa/Tūrangawaewae

I want my son to know where he comes from, like where I was brought up and how I was raised. Since I was about 5 I was raised up on a farm, like riding horses and going to the beach. Like I want my son to have that kind of life because this generation is pretty effed up like walking around with hardly any clothes on. I want my son to know where he comes from, his ancestors, his grandparents and all that. If that means that I have to go back to [hometown] to show my son to his other grandparents, the baby daddy's parents, then I will, but I will save that until he is a bit older.

Hineraukatamea wants her son to experience a similar upbringing to herself - on a farm, on her tūrangawaewae (homeland) and surrounded by whānau. She wants her son to have a strong Māori identity and know his whakapapa, including his father's side.

Te Kaupapa

Expected early pregnancy but unplanned

Despite the expectation by everyone (her whānau and her friends) that Hineraukatamea would get pregnant at a young age, the celebration of a new life was still tainted with disappointment. The disappointment seems to be a combination of Hineraukatamea's particularly young age, her pregnancy being unplanned, her very late presentation, and her previous lifestyle of drug consumption which compromised her ability to ensure the health of the baby.

Because Hineraukatamea's pregnancy was unplanned and she found out so late, her ability to determine her circumstances was limited. For example, although she changed her unhealthy behaviours, she was concerned about the damage her previous partying may have had on her baby. She also seemed to be slightly resentful of this imposed change. Because she had already separated from the father of the child, she also had to consider if she would tell him and if he would be involved. She also had less opportunity to prepare herself for birth or parenting, although this seems to suit her as she does not necessarily want to have preconceived ideas about what to expect.

Hineraukatamea's whānau implemented a range of birthing and parenting practices such as Māori karakia, Christian dedication as well as contemporary celebrations. None of them seemed to have involved her and many she did not fully understand. She struggled to be recognised by her whānau as the primary decision maker for her baby. She wanted to develop her own parenting approach based partly on her own upbringing as well as in response to her baby.

Hineraukatamea is resentful about her reliance on whānau because of her young age, lack of finances and lack of support from the father of the baby. Living with whānau had the advantage of providing adequate (material and practical) support for her baby. However, the disapproval from her brothers and over-involvement from her mother leaves her feeling undermined, detached from her role as a mother and unhappy. Hineraukatamea feels that she is treated like a child growing up alongside her baby as opposed to a developing young mother with a crucial role parenting her baby. She also feels that this treatment affected her relationship as a daughter and sister.

He kōrero nā Rongomaiwahine: Help Me, Don't Do It for me, Learning With the Baby.

Background Information

Rongomaiwahine was recruited through an information session at a Teen Parent Unit. She interviewed with another young Māori parent (Hineraukatamea - previous kōrero) at a Teen Parent Unit which would have contributed to the story she shared. The stories of the two interviewees crossed over when they both talked about the struggles they had with breastfeeding and feeling that their mothers were too involved with raising their child and overpowering their parenting. Rongomaiwahine's stories included a lot of verbatim discussions with others involved in her story rather than her own feelings and responses about what they said or what they did.

Rongomaiwahine was seventeen when we interviewed, and her son was almost three years old. She was not in a relationship and living at home with her mother and completing her last year of NCEA Level 3 secondary schooling at a Teen Parent Unit. She did not have much involvement with the father of her child. Rongomaiwahine was softly spoken during the interview. She was very keen to share her story.

After a miscarriage with twins, Rongomaiwahine found out that she was pregnant for a second time at the age of 13. She was living (with her mother's approval) with her older boyfriend who was violent towards her. Rongomaiwahine ended the relationship after the baby was born as her boyfriend did not stop abusing her and she was concerned about the effect of the abuse on her baby. She moved in with her mother who was excited about having another grandchild and became her primary support for her and her baby. Her wider whānau were also very supportive.

Rongomaiwahine did not attend antenatal education but moved towns to attend a Teen Parent Unit. She was proud of her Māori culture and Rātana faith [Christian-based Māori faith] and aspired to pass this on to her son.

Rongomaiwahine's story was about growing up with her baby. Having a baby gave her the motivation and courage to leave her abusive boyfriend and move back home with her mother. She was very close with her own mother who was supportive of the pregnancy but may have overstepped her role as grandmother and undermined her daughter's mothering. Rongomaiwahine wanted to be supported to learn alongside her baby and to make her own decisions.

Rongomaiwahine's Story in her Own Words

Finding Out She Was Pregnant: "You are pregnant!" "No I'm not!"

I was standing in the toilet and I was holding the pregnancy test and my mum was on the other side and she had the packet, the one that gives you the instructions. I was asking her "how many bars does it have to be, to be a positive?" And she was like "no, just come and show me, just show me". And I was like "no, how many lines". Anyway, I walked out and gave it to her and she was like "you are pregnant!" "No I'm not!" I just started crying and my mum is jumping around. She ran outside and told my koro [grandfather], she told my baby's dad, she told everybody. She's like "she's pregnant" and I'm just walking out slowly crying "no I'm not!" because I was so young and I was like "I can't believe it". Why I did my pregnancy test is because mum let me live with my

boyfriend because she lived in [city] and I lived in [another city]. I was like “mum, can I go on the [contraceptive] pill?” Because my aunty is a midwife she said “before you can go on the pill you have to have a pregnancy test”. And that was the pregnancy test and I found out that I was pregnant.

Whānau reaction: “She’s having a baby. It’s another moko.”

My cousin said that I was going to get a hiding [physical discipline] but no. Everyone was all right because my whole family was excited. Everyone was just disappointed because of my age. My mum was probably the one that made everyone turn their frowns upside down. She would say “but the good thing is, she’s happy and she’s having a baby. It’s another moko”.

Similar to most of the other participants, Rongomaiwahine was shocked and upset about getting pregnant at what she considered a very young age, however her whānau reaction and support, particularly from her mother, was positive. Despite the disappointment about her young age, they were proud that Rongomaiwahine was adding to the whānau with another child/grandchild.

Abusive partner

I was happy, we were happy that I found out that I was pregnant. But then I wasn’t happy because I lived an abusive life with him [father of the baby]. I didn’t really want to answer that [questions about the abuse]. I was scared that he would hit me even though I was pregnant. And then as I got further along in my pregnancy he did hit me and that’s when we fell apart and that’s when I was like “no I can’t do this”. And then after I had him [baby] he started being a player [cheating] and that’s when I was like “no I can’t have this” and we fully broke it off. So, it was okay at the start but I was scared the whole time.

I ended up having an argument with my baby’s dad when I was like between labour and pushing. He came into the room and I gave him my phone to hold. He goes “Do you have boy mates?” And I’m like “no I haven’t, it’s me and one of my mates” And he comes in and starts to sit next to me and says “who is this guy?” While I am in labour having contractions! I just looked at him and was like “get out”, I was like “get out, you can’t do this!” He ended up getting out. He came back in and sat there and I was like “na, you can get out, I don’t want you in here”. He walked out and then he would come back in and I was like “get out”. And then my midwife was like “you can push now” and I was like “I’m not pushing until he gets out”.

Despite Rongomaiwahine and the father of her baby being happy about the pregnancy, her partner did not stop abusing and controlling her and Rongomaiwahine feared how this might affect her and the baby. Although she says she did not want to talk about the abuse with me, she includes it as an important part of her pregnancy and birth story. The wellbeing of her baby seems to provide the motivation for her to eventually end the relationship and ensure the safety and happiness of her and her child.

Gaining Support

Mother as primary support: “All I wanted was my mum”

Well, when I found out I was pregnant I was living with my boyfriend at the time, I had been living with him for about half a year until I realised I should really get out of there... But when I found out I was pregnant... The main support I wanted, like everyone wanted to help me, but the main support I actually asked for was my mum. I didn't want his dad. All I wanted was my mum around, even though I was 13-14. Everyone wanted to help me, like my mum wasn't the only one that wanted to help me. But I wouldn't let them, all I wanted to do was be with my mum. I didn't care where we were going as long as I was with my mum.... that's when I moved back to [city] to live with my mum and then that's about it. I just moved in with mum and I made sure that I had my mum with me all the time.

Aunty as Midwife

I didn't really have a choice about a midwife because my mum's sister-in-law is a midwife and so I just said like "what do I do from here, like what do I do now"? And she [mother] said "well what did you do when you found out you were pregnant last"? Because I miscarried with twins before I had baby. I said "well we got hold of a midwife in [name of town]" and then she said "well that's what we will do". And then she said "your aunty is a midwife" and I said "oh yup". So she [aunty] came around and she took babies heart beat and then it was all on from then. She was like the only one, the only health professional really.

Despite being offered a lot of support when she found out that she was pregnant, Rongomaiwahine only wanted her mother as her one consistent supporter and ended up moving in with her. Her whānau seemed to be very supportive of her and well prepared and resourced for a pregnancy such as her aunty being a midwife. Because of this supportive, well-resourced environment Rongomaiwahine does not necessarily need to engage with external support or information about pregnancy, birth or parenting as her needs are already provided for and she is advised what to do.

Sources of information and support: TPU, day-care and whānau

Friends? I lost all my friends while I was pregnant. There were only a few that stayed around. It wasn't until I started at TPU that is when all of the girls started being like the girls that I started calling my friends. Not the other ones because they all left.

Question: How did you get information about having a baby and how did you feel about the information provided?

TPU and daycare. And my Whānau. All my friends, not the internet. I never went out. It was always just school and daycare. I would go to daycare and if I needed to, if I wanted to know something I would ask and then like his daycare teacher would be like "oh yup" and they would give you ideas and stuff because I was a new mum, I didn't know anything. And then like, pretty much the girls here and then like the daycare.

Rongomaiwahine lost many of her friends (who were not pregnant and did not understand her transition into motherhood) when she became pregnant. However, similar to the other participants who also attended the TPU, it provided the opportunity to meet other young parents who could relate to her situation

and provide friendship. The attached day-care looked after her child and provided help and guidance with parenting when required. Rongomaiwahine spent most of her time in this positive environment and had little need to engage with anyone else. As a result, she was mostly insulated from negative experiences of stigma or discrimination but also had little need or experience of making her own way.

Becoming a Mother: I Wanted to be able to Learn it Myself, to Learn it off My Baby

Changing 'bad' behaviours

My phone bill was about \$800 and mum made me pay it off. I was really bad before I was pregnant. I used to steal from my mum and everything. I was really bad. Once I found out I was pregnant I knew straight away that I had to grow up, that I couldn't do that crap any more.

Similar to most of the other participants, Rongomaiwahine talks about the positive impact that becoming pregnant has had on her previous childhood behaviours. However, she constructs her previous behaviours such as stealing as meaning that she was 'bad'. She attributes becoming more responsible as part of being more mature and therefore making her a more responsible mother.

Responding to baby

I started TPU when I was 14 weeks pregnant so I pretty much just heard, like when you are here, everyone tells you about their labour stories and I think that is just how I learnt. Like when you are a new mum I didn't want to learn anything with anybody, I wanted to take it as it comes. I wanted to be able to learn it myself, to learn it off my baby. That's pretty much about how I learnt. I came to school and all the girls would talk about labour and it would freak me out. I learnt about labour from the girls but then being a new mum I learnt by myself.

Rongomaiwahine preferred not to have pre-conceived ideas about birth or parenting other than the advice from her mother and aunty midwife and some of the stories from her friends at TPU. She started to assert her aspirations about wanting to learn parenting from responding to her baby's needs once he was born.

Identity: Being a Māori Mother

Tikanga

Question: Did you have any Māori or whānau practices, values or beliefs during your pregnancy or labour?

"Is it a Māori tradition thing when the placenta is buried at the urupā?" Okay, so baby's placenta was buried at my Nan's feet. What else did we do? Oh when he was born, it was about a couple of minutes after I was holding him and my koro came in and he brought the whole family in and everyone could still see me in my glory [exposed genitals]. He brought everybody in and he just stood there and he did a karakia for everybody. That kind of buzzed me out because I didn't know

what he was doing. I was like “what are you doing?” What else? Is it called a pito or something? We have still got that.

Baby was christened at Rātana. He was 2 ½ months. He was christened at the temple at Rātana because my dad’s from there. Baby’s real name was meant to be an apostle name. All from the pā.

Naming

Baby’s first name is from his dad wanting one name and I wanted another and we put them together and it gives baby’s first name. Baby’s second name is another Māori name that I really liked. I wanted him to have a Māori name... Baby’s third name is a Māori transliteration of a Pākehā name which is my dad’s name. Baby’s fourth name is his dad’s, dad’s name, his other koro. Baby’s fifth name is his dad’s last name and baby’s last name is mine.

Whakapapa/tūrangawaewae

I want him to know where I came from. I don’t want him to live a life like I did. I moved everywhere. I don’t want him to do that. I want him to know where I came from and where I was mainly brought up which is in [name of town].

...[K]now his whakapapa, where he comes from and who he comes from and all that because when I was going to primary that was one of the main things I learnt. To this day I still know it all so I want him to learn it all as well so that when he gets older he can know it all as well.

I don’t usually like the Māori way to kōrero [say] your whakapapa or pēpehā (formal introduction) and you go by your dad. Well, my whole family was, we had this big as debate when we were doing his birth certificate because we didn’t know which iwi to put down. I said from the start, no matter where he is born he is a Kahungunu [tribal affiliation] baby because he comes from me. When he was born, his dad is Ngāti Porou [another tribal affiliation] I think, and his dad is like “no, he is Ngāti Porou all over”. And then someone was saying like “oh no, it just can’t go off what the kid wants” and I was like “oh my gosh” and that is what did my head in. I had my head set on that he was a Kahungunu baby though. I got it, but it was hard.

Rongomaiwahine is proud of her Kahungunu heritage and Rātana religion and wants to pass on a secure Māori identity to her baby. Despite not fully understanding some of the Māori practices related to childbirth, she understands the role of returning the baby’s placenta and umbilical cord to their tūrangawaewae (place of belonging) to strengthen the baby’s spiritual connections . The naming of her son also links him back to and weaves together the two lines of whakapapa descent from both parents. Rongomaiwahine wants her child to know who he is and where he comes from.

Whānau support

I had a whole tribe in there. When I was in labour it was my cousin, baby’s dad and my mum. That was just when I was in labour and they were with me. When I was getting ready to push, because I had him at 9.20 at night, when it came night time the family started showing up. The midwife was like “you are going to have a baby tonight” so everyone started coming up. My aunty, I made my

aunty come back from [town] because my mum says “who do you want in this room, tell me now” and I was like “you, nan, aunty”. And she was like “yup”. She rung my aunty and she was like “hello” and I was like “aunty I’m in labour can you come now?” She was like “I’m on my way” and so she came around and I was determined not to push until she came. And those were the only 3 people I wanted in there...but outside was his dad, my 2 cousins, one of my really good mates, my koro and my little cousin. All had a cup each and they had it on the wall, on the door so they could hear baby cry.

He [child] has always been brought up with my mum, my mum’s boyfriend, me and my cousin - his godmother. She [godmother] used to live with us when he was born, she has just recently moved out. But yeah those are the main 4 people that he has been brought up with, not really his dad, his dad comes and goes, you know. He has always had the same people.

Rongomaiwahine was well supported by her wider whānau. She was able to determine the people that she wanted to surround her son with, and this remained stable. It also helped to mitigate the lack of consistent support from the father of her child.

Feeling Disempowered

After I had baby I felt shut down because my mum was so happy that she didn’t think how I would feel about her grabbing baby off me and walking out to show everybody. And that night, because I was too young to stay in hospital by myself so my mum stayed with me, and when he cried I would wake up to get him and she would already have him. I don’t think she realised that it shut me down because she was grabbing him whereas I should have. If I was to do it again, I would hope like now that I would have a baby’s daddy there, instead of my mum. I would do it all different, I would rather have the dad there than the rest of them. Yeah, if I would stay overnight and baby would wake up I would want to be the first one there. Not be the one to sit there and watch my mum do it all.

Things that I would do different support wise is that I would want my mum to help me, not do it. But because I would want, well to be honest, it seems like my mum is more of a mum to him than what I am because she has taken over and because I still come to school. I don’t have a job like her. I think she doesn’t realise that I can’t go out and do everything and get everything that she wants to get him, and then she pushes it on me and she says “Look what I got him, I got him this, I got him that”. That would probably be the only thing that I would want to change. I wish I moved out before I had him so that I could be his mum and not her.

Although Rongomaiwahine really wanted her mother when she was pregnant and moved back in with her, similar to Hineraukatamea she also resents being so dependent on her mother due to her young age, lack of finances and lack of involvement from the father of the baby. She also resents how much involvement with her baby her mother assumed. Rongomaiwahine wanted to be supported to mother her baby and she would have appreciated more consistent involvement from the father.

Te Kaupapa

Tradition of (early) childbearing: Being prepared

Rongomaiwahine is allowed to live with her boyfriend and so pregnancy does not seem to be surprising. The mostly positive reaction from her whānau about the pregnancy meant that it was celebrated and framed as an opportunity to pass on Māori culture and identity. However, Rongomaiwahine's particularly young age is unexpected and there is some disappointment.

Rongomaiwahine puts her faith in her body and the natural process of pregnancy, labour and birth instead of seeking information and developing expectations from reading, researching or attending antenatal classes. She wanted to be a responsive mother to her baby, learning from her baby as he develops. She did not want to be told what to expect or do. After some unforeseen complications and feeling overpowered from heavily relying on others for guidance, she has become more practiced at seeking information from appropriate people when needed.

Rongomaiwahine's young age means that she is very dependent on others for essentials such as housing, food and money (as there is little government assistance provided to parents under the age of sixteen years old). Living with her boyfriend made Rongomaiwahine reliant on him and vulnerable to his control and abuse. Similarly, returning to live with her mother, although safer and more supportive, still maintained Rongomaiwahine's position of dependence. She felt unable to assert herself to let her mother know how she felt about her over-involvement.

Rongomaiwahine positively identifies as a Māori mother and wants her child to be brought up knowing where he is from and his heritage. Although she does not fully understand some of the Māori practices related to childbearing, she has strong whānau leadership and support.

Conclusion

The presentation of full individual stories has provided an in-depth insight into lived realities of young Māori parents. Each kōrero demonstrates experiences of support or lack of support during pregnancy, birth and parenting. Collectively, the kōrero represent a range of parenting experiences including as a couple, as a solo mother, being very young and dependant, feeling well supported, and feeling unsupported. Some of the key kaupapa were being proud to be Māori, feeling discriminated against for being Māori, issues of worthiness, redemption, self-determination, feeling disempowered, and continuing a culture of early parenting. The next section applies the whakapapa framework to all the participants' kōrero to contextualise these personal kōrero within relationships with whānau, Māori culture, and society.

Te Ao Mārama: The Knowing

Ki te Whai-ao (to the glimmer of dawn)

Ki te Ao-mārama (to the bright light of day)

Tīhei mauri-ora (there is life)

Te Ao Mārama is the third and final phase of creation and is about moving into the world of light, the world of knowing. It presents the key findings of the research and draws on the discussion from the Te Kore section. This section consists of three chapters. The first chapter analyses the kōrero from the young Māori parents, by applying the whakapapa approach described earlier. It identifies narrative layers that help to contextualise the personal kōrero within relationships with whānau, Māori culture, and society. It also presents four key kaupapa or themes of age, being a parent, Māori identity and the context of disadvantage that arise from a cross-examination of the kōrero. The second and third chapters examine the interaction between specific layers of kōrero that shape the experiences of young Māori parents. Firstly, the layers Te Ao Whānui and Tōna Whānau are considered and the influence that public perception has on the support provided by significant relationships discussed. Secondly, the layers Te Ao Māori and Tōna Ake Ao are considered and the influence that Māori understandings have on personal stories discussed.

Chapter Seven: Cross-case Analysis of the Young Māori Parent Narratives:

He Tātai Whakapapa o ngā Kōrero me ngā Kaupapa

Introduction

A whakapapa approach to analysis was applied to all the personal kōrero. Similarities and differences between kōrero and patterns across kōrero were examined to understand accounts of the past, descriptions of current circumstances, and expectations for the future. While each participant constructed their own kōrero (Tōna Ake Ao), their kōrero were also shaped by how others perceived them. As Māori, their kōrero were linked to being members of whānau and significant relationships (Tōna Whānau), as well as Māori knowledge, values and practices (Te Ao Māori). As young parents their kōrero were linked to their peers and youth development as well as to other parents and society's expectations of parenting (Te Ao Whānui). The contexts in which these relationships are expressed must be understood to be able to make sense of the kōrero. The individual kōrero were contextualised within these broader overlapping and sometimes conflicting perspectives to demonstrate how young Māori parents' experiences are shaped by multiple and sometimes competing understandings.

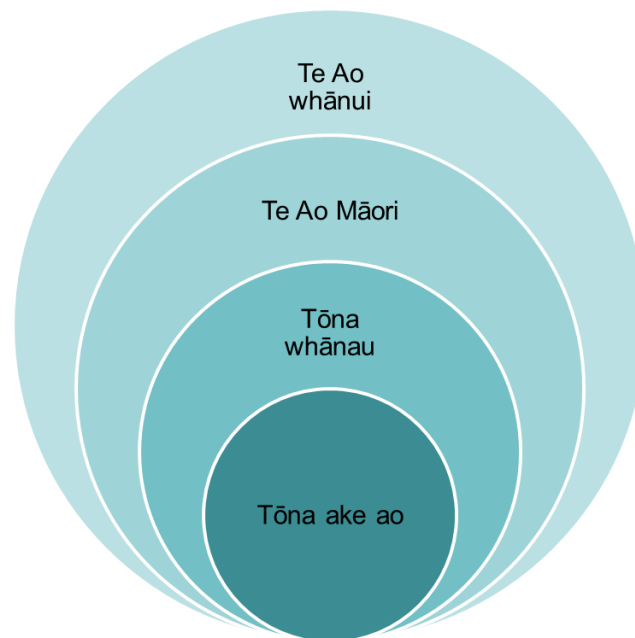


Figure 6 Kaupapa Kōrero approach

Tōna Ake Ao: Personal Kōrero

This layer of kōrero was about the personal experiences of the young Māori parents and provides unique examples of their differing realities. This layer focused on explaining self and constructing identity. While it involved resisting, challenging and countering dominant negative assumptions and stereotypes about what it means to be a young parent and be Māori, continuously responding to these discourses effectively maintained their existence. When describing themselves before they became pregnant, these young Māori parents tended to focus on their prior lack of direction and behaviours that had significant negative consequences or were considered 'bad' as one of them described. Conception was often included as part of these previous behaviours, as well as identified as the turning point and motivation for instigating change to healthier choices. In finding out that they were pregnant, they talked about feeling shocked and fearful of the reaction of others and the stigma of being a young parent. The routine association of shock to finding out that they were pregnant at a young age reinforced the unexpected and unplanned assumptions about early pregnancy. In preparing for the baby and discussing pregnancy, they talked about proactively changing behaviours to become healthier, making significant changes and decisions especially about education, work, relationships and living arrangements, and being more responsible in order to be what they considered a 'good' parent. Distinguishing their behaviour before they became pregnant, while they were pregnant, and after the baby was born, helped to create a sense of distance or growth from the initial act of conception at a young age and was an active and strategic way of resisting the teen parent stereotype. Lastly, in talking about the future, young Māori parents often also discussed their aspirations and plans to be the best parent they could be to their children by providing a safe, happy and grounded upbringing. Assumptions about age and time generating more resources and better outcomes for parenting, resisted the possibility of continued stigma associated with always being younger parents than their peers who have children older.

Tōna Whānau: Significant Relationships

This layer of kōrero was about relationships with significant others such as partners, friends and whānau (mostly parents, grandparents and older siblings). Many of these significant relationships were challenged by an unexpected pregnancy. Some young Māori parents felt that their whānau disapproved of their young age. While this was framed as justified, it was also the cause of feeling unsupported. The young Māori parents believed that mostly these relationships were reconciled or resolved by the time the baby was born or soon after once they proved themselves as capable parents. The support from these relationships mostly reproduced negative representations of young Māori parents.

However, some young Māori parents experienced acceptance about the early pregnancy from their whānau and increased support. However, the increased involvement sometimes led the young parents to feeling overwhelmed and undermined in their role as a parent. This feeling of grandparents overstepping their role may also highlight the impact of western systems that have disrupted collective parenting and locate the role of parenting primarily with the mother creating expectations about responsibilities and involvement. The support from these relationships mostly countered negative representations of young Māori parents by celebrating parenthood and focusing on the baby. However, none of these relationships seemed to directly challenge the idea that becoming a parent at a young age is problematic.

This layer also examined the generational context of these relationships, such as whether relationships are between or within generations. For example, some young Māori parents described stronger and more positive relationships with grandparents or older siblings as opposed to their parents. Most also expressed companionship from their peer group, although struggled with peer pressure. Some participants also identified supportive health professionals as key relationships (such as midwives, social workers and child health nurses).

Place is also key to understanding these relationships as places often structure the power dynamics in relationships, governing who may speak, to whom, how, and with what authority. Significant relationships were situated within the family home, teen parent unit and attached early childcare centre, and teen antenatal class. These spaces were mostly considered youth friendly and safe, where young Māori parents felt understood and respected. Some places where young Māori parents felt judged for being too young and did not feel comfortable were their previous secondary school, childbirth education classes and the hospital.

Te Ao Māori: Māori Culture and Worldview

This layer of kōrero was about being Māori or indigenous to Aotearoa New Zealand. It was about participation in Māori society such as in whānau, marae, Māori communities, and Māori institutions. The young Māori parents' kōrero included intergenerational transmission of Māori culture and language and the maintenance and expression of Māori identity and beliefs.

While Māori culture and language has been undermined through colonisation and urbanisation, recent Treaty settlements and revitalisation efforts such as in Māori language education have also helped to affirm a Māori worldview. Regardless of the level of familiarity with Māori culture and language, all

participants described pride in their Māori identity and a desire for their child to learn the Māori language and develop a secure Māori identity. For many, Māori culture was expressed through practices and beliefs at a whānau level. For example, whakapapa from both parents influenced the naming of the child and the location for burying the whenua. However, some young Māori parents were uncertain of how being Māori could be congruent with being a competent parent as they had felt doubly scrutinised for being both young and Māori. They were aware of the negative connotations associated with Māori ethnicity and resisted and even challenged them claiming Māori identity in the face of discrimination and demanding to be recognised and respected as Māori. In resistance, practices and beliefs that aligned with a Māori worldview were framed as separate from other parenting practices associated with competency. Many of the young parents also measured themselves against perceived key markers of Māori identity such as proficiency in Māori language, and portrayed themselves as lacking and therefore not able to completely fulfil any Māori stereotypes.

The treasuring of whakapapa meant that most young Māori parents came from large whānau where they had previous experience in raising children. The young Māori parents felt that there was an expectation that they would have children (although not necessarily at a young age) and their children would be welcomed as new additions to the whānau. They also understood that having children facilitated other significant roles within the whānau such as some members becoming grandparents and the addition of intergenerational relationships with mokopuna. This expectation challenged the idea of whether early childbearing is a problem for Māori or not.

Te Ao Whānui: New Zealand Society and the Public

This layer of kōrero was about linking self with wider New Zealand society and the world. This broader historical, political and social context reinforced stereotypes and assumptions about young parents and Māori. Young Māori parents felt others viewed them as promiscuous because of their unexpected pregnancy. Feeling watched and expected to fail as a parent was a common experience for these young parents. This intersected with compatible societal views that Māori parents and parents on welfare were incapable and abusive. Treatment by others assumed that early childbearing hindered youth development and the capacity to become a mature and responsible adult. This can be contrasted with the young Māori parents' accounts that becoming a parent made them feel more responsible and mature. Deconstructing these assumptions is part of highlighting the twofold marginalisation of being Māori and a young parent.

The low expectations of young mothers along with stigma, a lack of support and additional scrutiny works against possibilities for success. Silencing or privileging voice is a key element at this layer of kōrero. For example, many felt that their pregnancy could not be celebrated because of their age and they had to prove how they had changed and developed competence in parenting. They could never be complacent in case they might be considered less than competent and could potentially fulfil young parent stereotypes. Many of the stories reproduced these dominant societal accounts of what it means to be a 'good' parent by describing ways that young Māori parents could aspire to expectations of parenting that naturalise the practices of older, white, married, well-educated, employed and financially independent parents. For example, some young Māori parents emphasised redeeming, sacrificial and exceptional practices such as

no pain relief during childbirth, staying at home to look after their child fulltime and being highly domesticated, not having a social life, and extended breastfeeding, that effectively maintained these dominant assumptions. However, some young Māori parents actively resisted and sometimes challenged what they thought counted as a 'good', 'right' or 'deserving' mother or father. They shared stories that normalised childrearing in a whānau context such as previous experience helping to raise other children, responding to their baby's needs as opposed to learning particular skills from professionals, caregiving as their contribution to whānau, and practicing Māori customs and Māori language.

Key kaupapa around age, being a parent, Māori identity and the context of disadvantage evident in most layers of kōrero were also identified. The different ways that these kaupapa are framed by dominant discourses about young parents, being Māori and requiring support in each layer of kōrero shapes how young Māori parents construct their own kōrero. The next sections will examine how each of these key kaupapa are understood at each of the four layers. Examining each kaupapa by each layer demonstrates the tensions between the young Māori parents' personal story, and how it is related to their significant social relationships with whānau, and others. In addition, their story depends upon expectations from Te Ao Māori and Te Ao Whānui, which may be incongruent with one another.

Being Young: the Right Time?

The age that the Māori youth became pregnant (or fathered a child) influenced their experience and the support provided to them. The participants who were sixteen years old and under when they found out that they were pregnant often felt they were 'too young' to become a parent and felt powerless as they were very reliant on whānau for financial assistance, housing, transport and resources for themselves and their baby. For some, it felt like they were treated as an older sibling to their baby and some felt that their parenting role was undermined. However, they did appreciate the benefits of living within the whānau household and being able to have practical help. The whānau environment also seemed to provide protection from potential stigma and discrimination.

The teen parents who were seventeen to twenty years old felt that it was not the optimum time to have a child and were vulnerable to experiencing stigma or discrimination. They were less likely to be entirely reliant on others for necessities and more likely to be eligible for government financial assistance. Young fathers were also more likely to have employment and provide some financial support. Parents over 16 years were also able to get a driver's license, but at times affordability of a car, petrol and maintenance was still an issue. Independent housing was also still an issue due to tenancy agreements requiring signatories to be over eighteen years old, and landlord's distrust of young people and disapproval of young children.

Young parents over the age of twenty seemed to have fewer difficulties with finances, transport and housing and were often living independent of their parents. However, they seemed to struggle the most with the changes associated with becoming a parent, looking after a newborn and asking for help. This may be because they had already established independence from others and were expected to be self-sufficient. In constructing their own reaction to finding out they were pregnant, the young Māori parents

drew on differing representations of early childbearing from their close relationships, Māori culture and New Zealand society.

Tōna Ake Ao: Opportunity for change

Despite none of the pregnancies being planned, some of the young Māori parents overcame the shock and welcomed their pregnancy as an opportunity for them to change their path and improve their behaviour and circumstances. Young Māori parents talked about being happy about the pregnancy and looking forward to becoming a parent. They described having a child as a reason and motivation for them to change behaviours, challenge expectations of failure, feel valued in their significant role as a parent and pursue their aspirations.

Tōna Whānau: Disapproving but not surprised

Some of the young Māori parents talked about their whānau and friends predicting their pregnancy. The participants attributed this expectation to being children of teen parents, growing up around other young Māori parents (such as whānau members, siblings, and friends), having experience in helping to raise other children and being sexually active. Early pregnancy was a likely outcome within some whānau and peer groups and could be seen as a normal part of growing up and taking on the role and responsibilities of raising a child. However, whānau and friends were still disappointed when their aspirations for this young person to exceed expectations were confounded with an early pregnancy, particularly with very young mothers.

Te Ao Māori: Treasuring a New Mokopuna

Many of the whānau of the young Māori parents, although disappointed with a pregnancy at such a young age, were also very happy about extending their whakapapa and welcomed the addition of another child to their whānau. This valuing of children made not keeping the baby (abortion and adoption) a difficult option. It also meant that any disapproval about age dissipated with the birth of the baby and most young parents and their babies were well supported by whānau. Many young parents also went on to have more children to provide siblings and tuakana/teina relationships.

Te Ao Whānui: Unexpected Pregnancy

The expectation of pregnancy prevention before key milestones of a dominant western life course trajectory are completed silences a desire to become a parent at a young age, to celebrate an early pregnancy and to develop a positive parent identity. Many of the young Māori parents described finding out that they were pregnant as unexpected and were shocked even though they were sexually active. They talked about it not being the right time as they had not yet completed school, moved out of home, begun a career, become financially secure, and been in a stable relationship before having children. Therefore, it was not 'normal' or socially acceptable for young people to get pregnant at a young age. This dominant western life course trajectory undermines the value of young parents and their children as wider societal expectations only value children when they are born at the 'right' time and to the 'right' type of parent. The

range of responses to becoming pregnant at a young age from society, Te Ao Māori and whānau diverge to cause tension between positive representations of reproduction and parenting and negative representations of early childbearing. The young Māori parents navigate these in order to construct their own mostly positive account of early childbearing.

Being a Parent: The Right Parent?

In constructing their development into a parent, the young Māori parents drew on differing representations of parenting from their close relationships, Māori culture and New Zealand society.

Tōna Ake Ao: Becoming a 'Good' Parent

Young Māori parents resisted negative representations and stigma of early childbearing with their own personal counter stories of success. They felt that being able to celebrate personal developments or the achievements of their baby helped them to cope with condemnation, disapproval and lack of support from their close relationships. All the young Māori parents felt pressured to prove themselves as competent and rightful parents because of the negative connotations associated with their young age and being Māori. They sought to redeem themselves of what they described as their previous behaviour that led to negative health outcomes and gain approval by conforming to parenting expectations that might mean they were considered competent and more accepted as 'good' parents. They distanced themselves from negative stereotypical representations of young parents as being sexually promiscuous, irresponsible, immature, unprepared and incapable. They quickly and voluntarily gave up their previous 'selfish' and 'bad' behaviours such as smoking tobacco and marijuana, drinking alcohol, doing drugs, socialising late at night and lying. Most replaced these with 'good' parent behaviours on the basis that it would lead to improved outcomes such as continuing education, exercising, nutritious eating and expert-styled parenting.

Young Māori mothers felt pressured to live up to the expectation that mothers have a natural ability to carry, birth, breastfeed and parent and should be the primary caregiver. These additional gender expectations make dealing with unexpected complications and failure to fulfil pregnancy, birth or parenting aspirations difficult and often resulted in self-blame. For example, some young Māori mothers were concerned about the effect that partying and consuming drugs, when they did not know they were pregnant may have on their child. Those who could manage breastfeeding found it redeeming, while those who did not manage to breastfeed found redemption in other parenting practices such as staying at home to look after their child fulltime, being highly domesticated and not having a social life. The expectation that young parents will be self-sacrificing also structures their own desires.

Tōna Whānau: Reconciling Relationships

Some of the young Māori mothers felt that becoming a parent changed their priorities within relationships, particularly with the father of their baby. Despite not being in a stable relationship when they found out that they were pregnant, some tried to make the relationship work for the benefit of the baby. Others felt that they would have to end their relationship with the father of their child because of his potential negative influence on the child's health and safety. Finding out they were pregnant, having their

baby, and then reassessing relationships after a few months of parenting were critical moments of change. For some, relationships with whānau were strained when they found out that they were pregnant, however these were mostly reconciled at birth. Some also found that their relationships were strained again after the first few months of having their baby and the reality of being a fulltime parent set in.

Contrary to popular belief about fathers deserting young mothers and their babies when they are unplanned, most of the partners of the young Māori women were supportive when they found out about the pregnancy, even if they were no longer in a relationship. They provided emotional support, by not judging the young Māori mothers and sharing in the joys of the pregnancy, especially if support was lacking from the young mothers' whānau. These young fathers also provided practical support such as attending antenatal classes, doctor, midwife and well-child appointments, providing resources for the baby and co-parenting when the baby arrived. However, some fathers were unable to form strong bonds with their baby and struggled to provide consistent and stable care and support. When children were a little older and less dependent, some fathers were able to become more involved in their care and relationships were reconciled.

Te Ao Māori: Feeling Appreciated and Valued

Most of the young Māori parents had grown up in large extended whānau and had some previous experience helping to raise younger children. Helping to raise children was normalised and a valued part of the collective. Although young Māori parents may have felt more valued in their role as a parent, they may have also felt that becoming a parent meant more responsibility. Many of the young parents were expected to share in the caregiving responsibilities of other members of their whānau and contribute financially.

Many of the parents of young parents had also had children at a young age and were therefore young grandparents. Although this meant that they were more able to be heavily involved practically with helping their child and grandchild, it also meant that sometimes they assumed a parenting role of the grandchild. Younger grandparents were also often still working fulltime and supporting other children and had to stretch already limited resources even further to support another whānau member.

Te Ao Whānui: Irresponsible child becomes an irresponsible Parent, Stigma of being a Young (Māori) Parent

Some of the young Māori parents described their behaviour before they got pregnant as lacking in direction and that they were engaging in harmful practices. They were aware that becoming a parent at a young age reinforced stereotypes about young people as being irresponsible and that their parenting capability would be judged on their previous behaviours. They felt that they were judged twofold for being a young parent and being Māori. This stereotype of a young parent is further emphasised with a punitive response. The pregnancy is blamed on the young person's previous irresponsible behaviour rendering celebration of a new life inappropriate. Young Māori mothers experienced condemnation of their pregnancy with a lack of adequate support and resources. Some young Māori parents felt that they were therefore

deserving of judgement, discrimination and mistreatment. The fear of discrimination and constant judgement silences young Māori parents' feeling able to ask for help and demand the same rights, resources and respect as other parents. It also justifies increased scrutiny of young parents and their children with surveillance, monitoring and compliance with certain parenting standards. Some young Māori parents felt that their needs as a developing youth and son/daughter were marginalised because of their previous behaviour. Instead, the focus was on reducing the negative influence of young parents on their baby by prescribing specific parenting practices and focusing efforts on the health and wellbeing of the baby.

Some fathers were not involved with their children and the young Māori mothers drew on negative representations of Māori fathers being absent, incapable parents, violent and only useful for providing financial support – although often not satisfactorily. Some young Māori mothers genuinely did not know what role a father should fulfil as they had not grown up with a father themselves. This negative stereotype of Māori fathers seemed to be exacerbated by an inequitable and normalised role of women as primary carers. This perceived lack of involvement by young Māori fathers ignores the broader issues that may influence the context of fathering. For example, some fathers had no knowledge about the pregnancy and baby or lived separately and a significant distance away or were incarcerated. Others had agreed for the mother to be the sole caregiver.

The different responses to becoming a parent from society, Te Ao Māori and whānau diverge to cause tension between positive representations of parenting being valued and negative representations of young parents being incapable.

Māori identity: Identifying as a Young Māori Parent

In constructing their Māori identity, the young Māori parents drew on differing representations of being Māori from their whānau and friends, te ao Māori and New Zealand society.

Tōna Ake Ao: How am I a Māori Parent?

Although all of the young Māori parents self-identified as being Māori to be part of the research, most of them did not initially mention any specific practices or values that might be commonly aligned with a Māori worldview in their descriptions of becoming parents. It was only once they were asked about specific practices undertaken by their whānau or that they associated with Māori culture, that they described practices and values that aligned with a Māori worldview often using te reo terms. This initial lack of response may have been due to the young parents understanding of parenting practices limited to a specific set of expert skills, as opposed to practices that contribute more broadly to a sense of belonging and identity in te ao Māori.

Despite the young Māori parents coming from diverse cultural backgrounds, all of them valued Māori culture and language. Becoming a parent facilitated an increase in their desire to engage with Māori language and culture. They wanted their children to have a secure Māori identity, including knowing their whakapapa, connected to their tūrangawaewae and marae, and using Māori language. However, they

seemed unsure when they talked about their own role as a Māori parent and capacity to pass on the level of Māori culture and knowledge they wanted their child to have. They may have felt contested about their Māori identity because of their measures of Māori identity and their perception of the interviewer being fluent in te reo and her child attending kōhanga reo (total immersion Māori language early childhood education). Furthermore, they may have also felt the stigma associated with being Māori, being indigenous and a minority within Aotearoa New Zealand. Māori identity has been a site of contestation for many due to the ongoing effects of colonisation, racism, dislocation from land, language and culture and the increased expectations about what it is to be Māori arising from the recent Māori cultural revitalisation efforts.

Tōna Whānau: Support to be Māori

The confidence of the young parents to implement specific practices to do with childbearing, birth and parenting that aligned with a Māori worldview was often based on the knowledge and the support they received, often from whānau. For example, while many of the young Māori parents kept their placenta because that is their whānau expectation, few understood why or knew what to do with it once they brought it home. Some wanted to return it to their tūrangawaewae (homeland) but did not have regular involvement with their marae.

Some of the young Māori parents had strong cultural support from their whānau or from a supporting professional such as a midwife. These culturally competent support people were described as effective because they could relate to the young Māori parents as a result of being Māori themselves or having an explicit interest in working in culturally responsive ways with Māori whānau. They were described as having some common understanding and empathy about being Māori and the effects of unconscious bias and racism. In these significant relationships, young Māori parents felt respected, reassured and supported to express themselves as Māori and participate in practices associated with te ao Māori. They also felt that they could learn and ask questions without feeling whakamā (embarrassed). This was particularly significant for young Māori parents who feared being stigmatised or discriminated against for being Māori. These support people also facilitated referrals and relationships with other health and social services. Conversely, young Māori parents struggled to engage with support that was provided by someone with little understanding, personal experience or empathy with being Māori.

Te Ao Māori: Nurturing Connections to Whakapapa, Whenua and te Reo Māori

Some of the young Māori parents talked about the importance of their child being connected and having strong relationships with their whakapapa, tūrangawaewae (place of belonging) and te reo . The young Māori parents nurtured these connections in the naming of their child by using some of their tupuna (ancestors) names from both sides of the child's lineage. They also nurtured relationships with the land by keeping the placenta and umbilical cord to bury at their marae or where they were brought up. Many young Māori parents also aspired to use more Māori language with their children and were going to night classes to learn te reo and had been looking at options to send their child to total immersion Māori language schooling. Many of these practices were about strengthening or restoring relationships or connections.

Te Ao Whānui: Contested ‘Māori’ Identity

Despite most young Māori parents representing themselves as having experience raising children and an inherent desire and natural ability to parent, there were also few positive examples of being a Māori parent to draw on. Māori identity can be a highly contested site. Media representations reinforce either negative connotations (such as Māori being disproportionately violent, alcohol and drug abusers, and benefit dependent) or more positive traditional stereotypes (such as growing up on a marae and being fluent in te reo Māori). Although Māori identity is diverse, neither of these extreme representations of Māori are necessarily relevant or achievable for the young Māori parents who were mostly urbanised, disconnected from marae, and were not brought up with te reo. Instead, some young Māori parents drew on dominant western expectations of ‘good’ parenting and tried to distance themselves from negative stereotypes of Māori parents.

The diverse representations of being Māori from society, Te Ao Māori and whānau contest fixed definitions of positive Māori identity and connection with whakapapa, whenua and te reo. Negative representations of Māori being inferior, violent and incapable parents are also challenged.

Coming From Disadvantage: Being a poor young Māori parent

In constructing their economic and social status, the young Māori parents also drew on differing representations of disadvantage from their whānau and friends, Māori culture and New Zealand society.

Tōna ake ao: Learning Not to Depend on Others

Some of the participants had been brought up in circumstances of disadvantage and dysfunction. This made them accustomed to economic constraint, which structured their expectations and meant they valued self-reliance. They often became very resourceful with what assets they did have.

For those that had to rely on whānau or the government for assistance, they struggled with being totally reliant on others (such as their mother or their welfare case worker) for assistance with welfare, housing, transport and resources for their baby. They felt that this reliance made other people feel entitled to be heavily involved with the baby and leverage other outcomes. This involvement, although well-intentioned, often resulted in the young parent feeling undermined, powerless and resentful about the support they received. Some young Māori parents felt like they were treated as a dependent child (and older sibling to their baby) as opposed to a parent who is responsible for making decisions about their baby. This feeling of being reliant may also highlight the impact of the western individualisation of resources and dominant expectations and norms around parents as being almost solely responsible for their own children. However, they wanted to be empowered to learn from their baby and be responsive to their baby’s needs, instead of being prescribed how to look after their baby according to other people’s values and expectations.

Tōna Whānau: Lack of Support from Whānau and the Father of the Child

Some of the participants’ whānau and father of their children were struggling with their own finances and personal issues (such as unemployment, sickness, addiction, criminal activities and gambling). Despite

wanting to provide support they were often unable to provide tangible, stable or consistent positive support to the young Māori parents or their children. The cumulative and long-term effects of on-going colonisation and racism on the economic base, wellbeing, spirituality and culture of Māori have resulted in Māori being over-represented in circumstances of disadvantage and dysfunction. As a result, many Māori have learnt to adapt and survive on very little and to expect even less. This overlapping of socioeconomic disadvantage and ill health may affect the capacity within the immediate whānau to provide support to young Māori parents and absorb the caregiving of another child.

Most of the young Māori parents had a key support person outside of their whānau such as a midwife, social worker or teacher. These support people were described as effective because they could relate to the young parents as they had been a young parent themselves or supported a young parent and had an explicit interest in working with young parents. They had some common understanding and empathy about being a young parent and having limited resources and autonomy. They had established a trusting and honest relationship and had addressed the imbalance of power in social and economic status. In these relationships, young Māori parents felt respected, reassured and able to share their experiences, difficulties and joys of parenting without feeling ashamed or judged because of their economic status or background.

There was no representation of disadvantage specifically from the Te Ao Māori layer of kōrero.

Te Ao Whānui: Be Thankful for What you Get

The young Māori parents felt that although support was much-needed and well-intentioned, it could still be ineffective and misguided. Much support for young Māori parents is still implicitly based on negative assumptions and stereotypes about Māori and young parents. This negative framing of young Māori parents justifies additional prescriptive 'help' to become competent parents and essentially rescue their baby from supposed negative influences of young parents. This deficit approach is based on an individualising view of choosing to have a baby and to live in poverty and continue socioeconomic disadvantage. This is exacerbated by the negative view of early childbearing, the increased scrutiny of early parenting and the positioning of children of young parents as disadvantaged. Young parents are made to feel like a burden and undeserving because they are young and Māori and may require assistance. This stigmatisation and marginalisation can affect the relationship between the person or organisation trying to provide support and the young Māori parent. Young Māori parents may be indifferent, unsatisfied or disengage, and the support person, may not understand why as their intention was to provide a charitable service. Some of the support accessed by the young Māori parents was also focused solely on the child, sometimes at the expense of supporting the parents, which undermined any engagement. Young Māori parents were aware of the surveillance and monitoring that occurred during these engagements between support people and young parents and how this information was shared between organisations and professionals.

The impression that people choose to live in poverty also made it difficult for young Māori parents to complain about being poor despite many of them coming from low socioeconomic families, living in low

socioeconomic areas and being on a welfare benefit. They seemed to accept that it was their responsibility to get themselves out of poverty and improve their circumstances. The overall lack of ability to be self-determining, to have control over finances, housing and food places young Māori parents in a position of powerlessness and undermines their capacity.

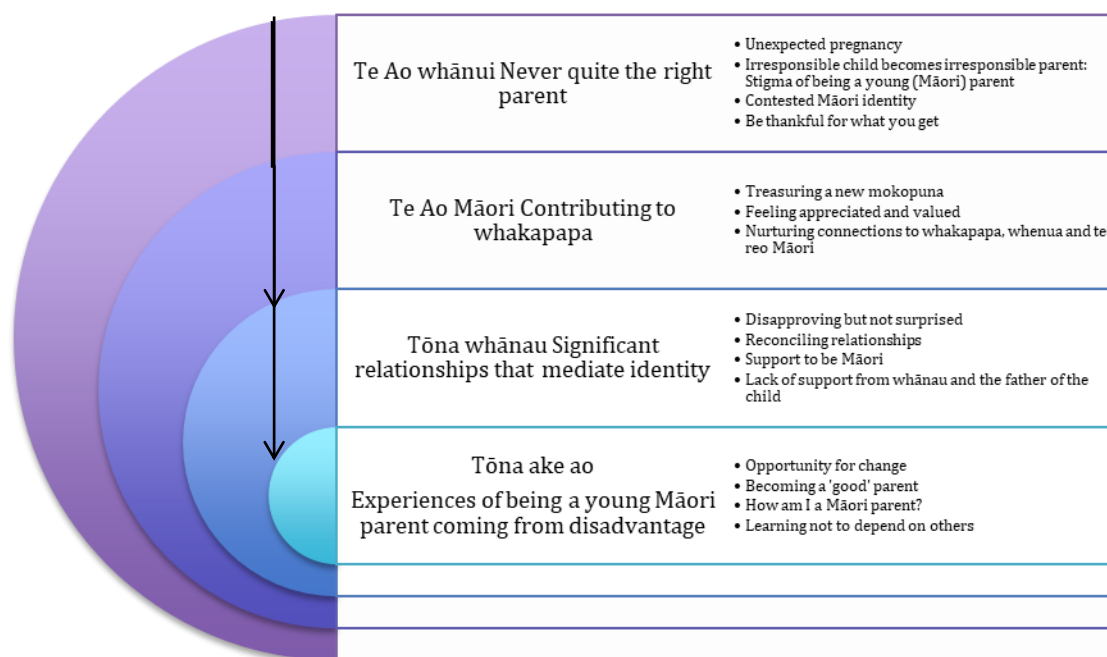


Figure 7 Diagram of different kaupapa within each layer of kōrero.

Conclusion

Kaupapa Kōrero provides a way of identifying the overlapping layers of relationships and representations that influence the experience of parenting for young Māori. Without this approach to analysis, it is tempting to focus on the participants' kōrero as reflections of their experiences of making a transition to parenting (Tōna Ake Ao). Kaupapa Kōrero points to the ways these accounts need to incorporate the relational aspects of kōrero with significant others (Tōna Whānau), and to situate these accounts in a Māori worldview (Te Ao Māori) and what it means to be Māori and a Māori parent. These kōrero also need to be located in terms of wider social accounts (Te Ao Whānui) of what it means to be a young parent, which structure the experiences young people have as they make the transition to parenthood.

In constructing their identity, participants drew on the differing and sometimes contested representations of young Māori parents within these different layers of relationships. The layers within Kaupapa Kōrero demonstrate that young Māori parents simultaneously reproduced, challenged and resisted narratives on being young, being a parent, being Māori and coming from disadvantage that

affected their everyday lives. The process through which young Māori parents understand, reproduce, resist, and challenge representations of early parenting for Māori is best understood as a careful and sometimes strenuous negotiation. This process enabled participants to situate themselves, their whānau, and their parenting within a larger social, political, historical and cultural context.

Not only must young Māori parents work through identity development brought on by parenthood, they must do so within a context in which their experience is linked to significant others, being Māori and a host of social pathologies. Participants negotiate popular understandings of “teen parenthood” by distancing themselves from negative representations circulating in the media, public policy debates, and educational and healthcare institutions. They also negotiate the problematisation of early childbearing for Māori by drawing on some common understandings, expectations and practices related to childbearing and identifying as a Māori parent. Young Māori parents also negotiate the capacity of significant others to resist reproducing negative representations of early childbearing for Māori.

This work to negotiate representations enables the space to construct their own identities and relationships which both accept social oppressions and acknowledge possibilities for social transformation and cultural development. While examining all four layers of analysis help to give a more contextualised understanding of young Māori parents’ experience, it is also possible to highlight and contrast specific layers in order to demonstrate the interaction between layers. The next two chapters consider the influence of public perception on the support provided by significant relationships, and Māori understandings on personal stories respectively.

Chapter Eight Mana Whānau: Support for Young Indigenous Parents in Aotearoa New Zealand

The next two chapters examine the interaction between specific layers of kōrero that shape the experiences of young Māori parents. This chapter considers the layers Te Ao Whānui and Tōna Whānau and the influence that public perception has on the support provided by significant relationships. The following chapter considers the layers Te Ao Māori and Tōna Ake Ao and the influence that Māori understandings have on personal stories. Both chapters were written as journal articles. One has been published. The other is awaiting consideration. Where possible, material that has already been presented in the thesis has been omitted to avoid repetition. Material that has been omitted includes the demography of young Māori parents and experiences of early parenting previously covered in Chapter Two, and the research approach.

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Abstract

Young Māori parents rely on whānau for much of the care required to raise a child. Whānau, like health professionals, are exposed to the negative portrayals of early parenting for Māori. This can affect the way young Māori parents are supported. In this project, nineteen young Māori parents were interviewed about their experiences of support during pregnancy and parenting. Examining young Māori parents' stories using a Māori based approach to narrative analysis reveals how whānau help is constrained by notions of young Māori parents as unsuitable and incapable parents, and undeserving of assistance. Perpetuation of these negative societal assumptions is detrimental to support for young indigenous parents. Positive representations of early parenting among indigenous peoples would help to counter the effects of stigma associated with early parenting. A supportive approach for young Māori parents and their whānau includes being non-judgemental, strengths-based, self-determining, and culturally responsive. Using this approach may challenge health professionals' understandings of early parenting but will build respectful and supportive health relationships that may persist for these young Māori parents and their whānau.

Keywords: young parents, indigenous, Māori, support, family, qualitative research,

Introduction

Looking back, I kind of wish that I had more support, that I didn't feel so ashamed of being pregnant. I kind of wish that I just owned it. If I was to have another baby, I would definitely want it not be a frowned upon thing. I wouldn't want that stress of feeling like I couldn't talk about it around my family. More than anything, I would rather have my family support 100% then feeling like an outcast. I know now that they know that I am a good mum and that if I was to have another baby they wouldn't question it. I don't think I have any chance of my family frowning upon me having another baby. (Hine-Tītama)

The extract above from a young Māori parent referred to as Hine-Tītama describes how the stigma associated with early parenting affected potential important support from her whānau, and her own sense of worth. Despite the societal condemnation of young parents, in time her whānau were able to embrace her parenting. Young Māori parents, like parents at any age, require support to develop and fulfil their potential as a parent. However, due to the circumstances surrounding becoming a young parent, assistance can be tainted by notions of a lack of worth. Support for young parents is often framed as a charitable act, which must be earned and appreciated by young parents, regardless of its effectiveness. This framing of support for young parents as special treatment ignores whether the support is relevant, wanted, culturally responsive, and enables self-determination. Ineffective support may reinforce stigma associated with early parenting for Māori. Resisting dominant negative assumptions requires effort which could be better directed towards supporting young Māori parents unconditionally and enabling young parents to focus on a fulfilling transition to parenthood. This paper examines how young Māori parents experience support, particularly within their whānau. In doing so, it will consider how society frames being a young person, a young parent, Māori, and requiring support and the implications of these representations for people who are helping young indigenous parents.

Support for Young Parents in New Zealand

Parents at any age often require support to develop in their role as a parent. Parental support can include material, emotional and informative help (Oakley, 1992). For example, income, housing, childcare, and transport are material support, whilst supportive relationships and networks, being valued in their role as a parent, as well as support for intimacy and personal growth are considered emotional support. Informational support includes health and parenting knowledge, support to navigate social services, and support to make informed decisions. Some parents may require more material support than other more resourced parents.

Assistance for young parents may also include support to develop their identity, as well as further education, training, and life skills in the transition from being a young person to becoming an adult. Young parents may also require more support as they are often still dependant on others for housing, finance and transport. While the family is often the primary source of support for most young people, support provided by organisations and professionals (mostly doctors and midwives), has also been found to be of value (Dixon & Adair, 1998). Formal support is especially valued if there is little family support or if it does not include the disapproval and criticism that may come from family members.

Supportive professional relationships are important to young parents, however, some studies report real and perceived stigmatisation towards young mothers by health and social service professionals (Brand, Morrison & Down, 2014; Breheny & Stephens, 2007; 2010; Ellis-Sloan, 2014; Nayak & Kehily, 2014). This stigma affects the relationship between young parents and support people and influences how young mothers experience their transition to motherhood (Breheny & Stephens, 2007). Insufficient support can reinforce negative feelings in young mothers, which negatively affects their pregnancy and parenting experience. Emotional support in particular can only be successful if the relationship is sensitive to the young parents' needs; the young parent must consider the support to be useful and the person providing the support must recognise when support is needed (Schrag & Schmidt-Tieszen, 2014). For support to be useful the young parent needs to assert a level of control over the process and determine the amount and type of support. For example, they need to be able to exercise choice over who provides support, and the time, duration and place needs to suit their circumstance. More importantly, support needs to reflect the ideological and cultural values the parent holds regarding childrearing (Brand, Morrison & Down, 2014).

In Aotearoa New Zealand, the state provides additional support specifically for young parents primarily in the form of welfare assistance (Young Parent Payment) and teen parent units for secondary school education. This additional state support is based on the link between early parenting, low socio-economic circumstances, and negative outcomes for the children of young parents (Ware, Breheny & Forster, 2017b). This policy response to early parenting is built on the assumption that due to age and lack of resources and education, young parents also have a lack of parenting knowledge and skills, which disadvantages their children. The Young Parent Payment (YPP) has additional compulsory obligations that are not required for older parents receiving welfare benefits. These compulsory obligations are used to leverage outcomes in a range of health and social areas. For example, young parents receiving the YPP must attend full time education, training or work-based learning from when their baby is very young, have almost all of their income managed, as well as complete a budgeting and a parenting course (Social Security (Youth Support and Work Focus) Amendment Act, 2012).

While the YPP provides much needed material support to young parents, the additional compulsory obligations it requires are based on tenuous assumptions about age, socioeconomic status, and parenting capabilities that continue to problematise early parenting. Young people who do not complete all the expected western developmental milestones such as completing education, gaining fulltime employment and becoming financially independent, are framed as deviant and 'risky' (Kelly, 1996). Young people who become parents before completing these tasks are viewed as irresponsible, incapable of caring for themselves let alone children, and dependant on others for help (Breheny & Stephens, 2007; Graham & McDermott, 2006; Wilson & Huntington, 2006). In particular, young women are perceived as at risk of long-term welfare dependence and passing on intergenerational negative social outcomes to their children. These negative associations of early parenting frame early pregnancy as undesirable and any help or intervention as necessary and special treatment.

The stigmatisation of early parenting heavily influences the way young parents are understood and treated. This deficit approach does not address the aspirations of the young parent or value their role as

parents. It fails to acknowledge that early parenting often occurs amidst poverty and discrimination. Instead, this approach uses compulsory obligations to manipulate the behaviour of the young parent to produce specific health and social outcomes for the child. These valorised outcomes are markers of 'good' parenting based on white, middle-class and married women's expectations (Ware, Breheny & Forster, 2017b). Framing young parents as irresponsible, incapable of parenting, and a risk to their child justifies and maintains an interventionist and paternalistic approach to support for young parents.

Young Māori Parents

The continual comparing and reporting of ethnic disparities, across a range of outcomes, reinforces a negative representation of indigeneity as 'lesser than' other ethnicities. For example, non-indigenous research has identified high rates of early childbearing among indigenous peoples. Most of this research focuses on the disproportionate representation of indigenous parents in most negative health and social outcomes (Fonda, Eni & Guimond, 2013; Pihama, 2010). Young indigenous parents are more likely to have experienced social disadvantage than non-indigenous parents. As a result, they are more likely to begin parenting with fewer resources and be more vulnerable to a range of negative outcomes such as welfare dependency. This deficit approach frames young indigenous parents as a significant problem to be prevented because of the supposed economic and social burdens of early childbearing on society (Fonda, Eni & Guimond, 2013). Nevertheless, individual circumstance and socioeconomic status do not fully account for these outcomes.

Disparities between indigenous and non-indigenous peoples are outcomes of broader sociohistorical, cultural and political determinants of health and wellbeing such as ongoing colonisation, racism, marginalisation and white privilege (Robson, 2008). Indigenous peoples are systematically marginalised through the privileging of dominant non-indigenous structures and ways of knowing and relating. A broader examination of how these marginalising systems, services and practices are maintained in society and continue to perpetuate these disparities is required. Whilst the socioeconomic needs of teen parents are addressed in Aotearoa New Zealand, the current government support lacks cultural awareness about the implications for Māori, as a significant proportion of teen parents and as indigenous to Aotearoa New Zealand. There is little understanding of the ongoing effects of colonisation and racism that contribute to the socioeconomic disadvantage disproportionately experienced by indigenous young parents and young parents of colour (Geronimus, 2003). There is also little recognition of the cultural needs of young Māori parents as indigenous peoples with a unique worldview, language and culture (Ware, Breheny & Forster, 2017b).

The little research there is about early parenting by indigenous scholars acknowledges the ongoing effects of colonisation and racism as contributing to negative outcomes (Archibald, 2004; Cooke, 2013; Dalla, & Gamble, 2001; Geia, Hayes, Usher, 2011; Eni & Phillips-Beck, 2013; Jersky et al, 2016). Worldwide colonisation has had devastating effects on indigenous cultures and languages (M.H. Durie, 2003; Loomis, 2000). For Māori, it has included active suppression of Māori people, practices and methodologies by institutions of the Crown, conversion to Christianity and its accompanying repudiation of

Māori culture, (mis)education and urbanisation (M.H. Durie, 2003; Mead, 2003; Royal, 2002). The colonisation strategies that targeted Māori culture and language, education and children were most influential in affecting Māori childrearing practices.

Reproduction and caregiving for Māori, like many other indigenous peoples, is intertwined with identity, culture and language, and thus celebrated regardless of the age of the parent (Ratima & Crengle, 2012; Rimene, Hassan, & Broughton, 1998; Simmonds & Gabel, 2016). Wider familial support networks have a role and responsibility with raising children (Rimene, Hassan, & Broughton, 1998), with a focus on indigenous cultural and spiritual development (Jersky et al, 2016). Research by Māori scholars has found that support for young parents is most useful when it develops their sense of self-determination and is culturally responsive (Goodwin, 1996; Pihama, 2010; Stevenson et al; Strickett & Moewaka Barnes, 2012). For example, the young Māori women in Stevenson and colleagues' (2016) study on barriers to care for pregnancy identified the practice of tikanga and support from whānau as contributing to a positive birthing experience.

Whānau Support

For most young parents, the family is the main source of support; this includes material support (mostly economic assistance and childcare), emotional and informational help (Brubaker & Wright, 2006; Schrag & Schmidt-Tieszen, 2014). Living at home with family increases the material support a mother receives, including childcare. In these ways, motherhood can strengthen family relationships between adolescent mothers and their immediate family members, particularly mothers, and sisters (Kirkman, Harrison, Hillier & Pyett, 2001). For young Māori parents, the extended family or whānau, as the primary social unit that underpins Māori society, also has the potential to be an important source of support (Graham, 2018; Morehu, 2005; Stevenson, 2018). Contemporary notions of whānau can be based on whakapapa generally spanning generations and operating together as an extended family unit, as well as a group of people with a common shared purpose or goal (known as a kaupapa whānau). Māori concepts and practices are often understood at a whānau level, providing the basis for learning about and imparting knowledge, values and beliefs.

However, support systems and traditional patterns of childrearing have been affected by colonisation, assimilation and urbanisation (Morehu, 2005). During the mid-twentieth century, loss of economic base prompted large-scale Māori migration from traditional rural Māori communal living to urban centres to seek employment (Rimene, Hassan & Broughton, 1998; Walker, 1990). This separation from extended family and cultural institutions resulted in a breakdown of culture and identity, widespread alienation of land, a weakening of tribal structures, and a loss of support systems that were once based within whānau and around marae (Mikaere, 2002). Parents of young children found themselves dislocated from their relatives, living in unfamiliar and often cramped urban surroundings and facing new social expectations from mainly non-Māori neighbours and landlords (Higgins & Meredith, 2013). In these difficult circumstances, many traditional child-rearing practices and support systems were greatly challenged and adapted. Today, experiences of whānau are diverse. These multiple derivations of whānau continue to shape the experiences of young Māori parents and their sense of support. Early childbearing may have

some advantages for whānau as Māori who become parents earlier also often become grandparents younger allowing them to spend more energy and have more time with their grandchildren. The intergenerational bond between grandparents and grandchildren is greatly valued in Māori culture as it is often accredited with the passing on of cultural knowledge and practices (Vakalahi, Taiapa & Ware, 2013). However, young grandparents are also often still working and raising their own family and may have limited time and resources to share with their grandchildren. Some young mothers can experience a lack of support from their partner and family during their parenting journey, and rely on external support (Families Commission, 2011).

Findings: Societal Representations and Whānau Responses

Four key themes were identified as important in the experience of support among young Māori parents. Parents spoke of their young age and parenting status as working together to undermine perceptions of their capability to parent. This reflected both societal expectations of them as parents as well as whānau concerns. Being Māori and coming from a disadvantaged family background were also identified as key themes across the young Māori parents' kōrero. These characteristics shaped both the expectations for them becoming parents and expectations for the type of parents they would be. By drawing together two narrative layers, Tōna Whānau and Te Ao Whānui, we reveal how young Māori parents understand and experience whānau support amidst dominant societal expectations. The public representation of being young, a parent, Māori and coming from disadvantage were largely negative. While whānau were aware of the stigma associated with early parenting they often still demonstrated support for parenting. A consideration of multiple layers highlights the sometimes divergent social and cultural contexts that influence the experience of being a young Māori parent. Findings are presented below with an explanation of the theme and an accompanying quote from a young Māori parent. This is followed by a discussion of associated dominant societal assumptions and how these played out in whānau responses and provision of support. Lastly, young Māori parents' experiences of support demonstrate their navigation and negotiation of these two broader intersecting layers of kōrero. Whilst all the participants stories contributed to the analysis, quotes from three of the participants are presented here as examples.

Being Young: The Right Time?

How young Māori parents constructed finding out about their pregnancy was shaped by the reactions from significant others and how society frames early childbearing. The extent to which negative stereotypes of young parents permeated the reactions from their significant others also shaped the value placed on their pregnancy and whether young parents were able to celebrate their pregnancy. Hineteiwaiwa was a high achiever in secondary school and had just broken up with her boyfriend when she found out that she was pregnant.

Well mum was with me when I found out [I was pregnant] cos we were at the doctors. She had already made me do like 2 or 3 pregnancy tests at home and they were all coming up positive. But

she was a bit in denial so we went to the doctors and they told me again that I was pregnant. I think that mum was overwhelmed and she was scared because she didn't think that I would cope. I was scared to tell my dad because I thought that he would get angry. I told him the day I found out. We came home and I was standing in the kitchen and I told him "Dad, I'm pregnant" and he just looked at me. He thought it was a joke and he just laughed and said "no you are not". Then he looked at my mum and mum just nodded. I think he was disappointed because he thought that I had ruined my life. Then he cried and I cried. And then after that they were happy and they just said that they would support me through it – everything. And that no matter what I chose that they would be there 100%. I think that made me feel a lot better knowing that I had their support... I was happy but I was also a bit nervous because of just the timing, I was about to end my final year at high school. It wasn't a perfect time for me but I guess everything happens for a reason. And it was a bit of a shock to everyone really because I had just broken up with my boyfriend and had stopped taking my contraceptive pill. That's when I found out I was pregnant. Once I got over the initial fact that I was going to be a mum, I started looking forward to it. I was pretty happy. It was all right after that.
(Hineteiwaiwa)

Te Ao Whānui: Unexpected pregnancy

Hineteiwaiwa, like many of the young Māori parents, framed her pregnancy as unexpected and a shock because she had not yet completed secondary education and was no longer in a relationship with the father. Her parents' initial disappointment about an early pregnancy having a negative effect on her life and questioning her ability to cope stems from a dominant societal representation of young parents as being unprepared and incapable. The stigma associated with early parenting may also extend to the whānau of young Māori parents. Whānau members themselves may feel responsible for somehow causing early parenting. Parents may feel that their child becoming a parent at a young age is a poor reflection on their parenting. They may struggle to celebrate the pregnancy or their own new role as grandparents.

Tōna Whānau: Disappointed but still supportive

These dominant expectations about timing of parenthood shaped the reaction to the pregnancy from key support people. However, like many of the other participants, Hineteiwaiwa's parents also quickly overcame the shock and disappointment and were fully supportive of her pregnancy. This support indicates some resistance within her whānau to the assumption that an unexpected pregnancy is undesirable or unwanted. Whānau support may therefore come with some initial disapproval and criticism as they work through societal expectations, although most became supportive by the time the child was born.

Tōna Ake Ao: Not the perfect time but everything happens for a reason

Societal expectations about the timing of pregnancy and the negative reaction from support people shaped the young Māori parents' experience of finding out they had conceived a baby. Viewing early pregnancy as not planned or accidental constrains young people from being viewed as responsible and self-determining or being able to celebrate an early pregnancy. Hineteiwaiwa, like many of the young Māori

parents, acknowledges societal condemnation of early pregnancy, but also asserts that it is a welcomed pregnancy that has contributed to her wellbeing and provided a new purpose.

Being a Young Parent: Am I Capable?

How young Māori parents constructed becoming a parent was shaped by how society frames acceptable parenting and reassurance from their significant relationships. The extent to which certain expectations of parenting were projected on to young parents subsequently shaped their perceived capability as parents and the way support was provided, or not. Hineraukatamea was fifteen years old when she found out that she was eight months pregnant. She came from a large supportive whānau where early parenting was common, and she had experience in caring for other babies.

I had heaps of help. They [whānau] were helping me change nappies and other tips. My older brothers both have kids, whom I used to babysit. I didn't actually want any help and I still don't want any type of help. For me, it's like I want to try and you know. If I do something that doesn't work then I will try something different. Day-care for me, the lady that looks after my son, she is real bossy and she is always telling me he has to sleep all day. But some afternoons, when we go home he likes to be up and play around and be with his Nan. So, I have to do one thing here [at the early childhood centre] and then when we go home it is just totally different. I just like to do trial and error. Try something and if it doesn't work then just do it differently. (Hineraukatamea)

Te Ao Whānui: Being an incapable (young) parent

Hineraukatamea, like many of the young Māori parents, framed the way support is provided for young parents as overcompensating for an assumed lack of previous experience in looking after children and parenting incapability. The deficit focus on age and negative social outcomes, reinforces the dominant view of young parents as inexperienced, unprepared, and incapable of parenting. Whilst many young parents rely on some form of additional support, help is often framed as necessary to address the potential poor parenting of young parents. The additional scrutiny that comes from a deficit approach can affect the quality of the relationship between the young parent and the person providing support and extend to the way support is provided. This type of support is unlikely to align with the parenting aspirations of the young parent or wider whānau practices or ideological and cultural values the parent holds regarding childrearing.

Tōna whānau: Unnecessary fuss

The dominant assumptions of young Māori parents as incapable shaped the way support was provided. It was often experienced as enforced and unwarranted. Although Hineraukatamea had previously helped to care for other children in her whānau, she felt that her whānau now presumed she needed help with her own baby. However, Hineraukatamea wanted to develop her own parenting style through learning from her son and following his cues. Instead, whānau presumed what is best for her child, including intervening and doing it for her. The young Māori parents felt that although support could be needed and well-intentioned, it could still initially be based on negative assumptions about deficiencies. Accepting support may reinforce that there was a previous deficiency in parenting ability. This assumption by others about why support is required, and what type of support and how to provide it makes it difficult for a young

parent to assert their parenting aspirations. This deficit approach undermines their parenting and made them feel resentful of such support. Conforming and reinforcing the deficit view of young parents as incapable varied among whānau support. Some whānau were able to resist and recognise the capability of their young parent.

Tōna ake ao: Building capability in parenting

Hineraukatamea, similar to the other young Māori mothers, felt that she had to prove herself as a capable parent to others, particularly authority figures such as early childhood teachers. Although she was offered support, it clashed with her parenting aspirations and she did not think she needed it as she had previous experience caring for her nephews and nieces. As a result, there is little consistency in the care of her child, and she hides her own parenting aspirations within the privacy of her own home.

Teenage Pregnancy: A Māori Problem?

Societal assumptions about why indigenous peoples become parents at a young age shape how young Māori parents construct being a parent and the resultant expectations within their significant relationships.

My mum was over the moon [about the pregnancy] because her mum and her had had this bet, right. My mum had bet that I would get pregnant between 15-18 and my Nan bet that I would wait until I was 21. My mum won. So, my mum was over the moon...My Nan was disappointed in me which broke me. My friends? They knew it was coming soon enough. I don't know they just thought that I would be the first one pregnant. My family?...My sister - she can't talk because she had kids when she was young. (Hineraukatamea)

Te Ao Whānui: Fulfilling Stereotypes

Hineraukatamea, like many of the young Māori parents, framed pregnancy at a young age as a seemingly inevitable outcome for her. Although she does not specifically mention ethnicity, everyone in her story is Māori. The public focus on the disproportionate numbers of certain young parents fuels societal assumptions about certain young people; such as Māori and from low socioeconomic backgrounds, as more likely to become parents at an early age. The probability of becoming a parent at a young age undermines the pursuit of other aspirations. Fulfilling the stereotype enables judgement about failure and future outcomes.

Tōna Whānau: Disappointed but not Surprised

The framing of early childbearing as a common experience for some Māori youth shaped the way they experienced acceptance and support by significant others. The reaction from some of Hineraukatamea's whānau to her early pregnancy was disappointment but not surprise as it had literally been predicted within her whānau. She attributed this common experience of early parenthood to growing up around other young Māori parents (such as whānau members, siblings, and friends). Whānau and friends seemed to prepare her in case she did have an early pregnancy by fostering experience in helping

to raise other children. However, some of her whānau were disappointed when it became evident that she would not be able to exceed their expectations. This disappointment seemed to stem from an intimate understanding of the challenges of raising a child as a young parent with limited resources and the required support from whānau.

Tōna ake ao: Expected to keep it

Hineraukatamea was resentful when she found out that she was unexpectedly pregnant and would not exceed the prediction of her mother. She was also upset that she disappointed her grandmother's aspirations for her. Although Hineraukatamea found out that she was pregnant very late in gestation, the expectation from her whānau and friends that she would become a parent would make any other option such as abortion or adoption a difficult and unlikely choice. However, the assumption of and preparation for an early pregnancy within her whānau also provided some reassurance of her destined role as a parent. Becoming a parent seemed to facilitate and strengthen her role and responsibility within her whānau.

Coming from Disadvantage: Am I Deserving?

How young Māori parents describe requiring support is shaped by the way they are treated in their significant relationships and how society frames those who need additional support. Negative stereotypes of welfare recipients and social service users shapes whether young parents seek external support. In addition, the capacity of their whānau to provide additional support also shapes the opportunities available to them. Hineraukatauri was fifteen years old and still at school when she unexpectedly found out that she was pregnant with her son. She was 17 and heavily pregnant with her daughter when she decided to move out of home in order to create a more stable and positive environment for her children.

I didn't have a vehicle so I used to walk to school until I was 7 months pregnant with my son....Most times I had to walk around with the kids everywhere unless I found someone to come over, probably my mother or my brother to watch her [daughter] so that I can go get groceries and stuff. But that's cool. I really need to get a car. (Hineraukatauri)

Te Ao Whānui: Be Thankful for What you Get

Hineraukatauri, like many other young parents who come from disadvantaged backgrounds, lacked some of the resources or support that are associated with dominant western expectations of 'good' parenting. The expectation that 'good' parenting requires specific resources such as an education, employment, a house, a car and new baby equipment marginalises young parents who mostly will not have accumulated these resources and may require additional support. The lack of resources frames young parents as deficient and a financial burden on society. Their socioeconomic circumstance is framed as a personal choice and so any external support is viewed as additional and often provided with conditions. Accepting this type of support often includes allowing their circumstance to be solely attributed to their own individual behaviour and creates a sense of dependence on external support. Any help is considered supportive and should be gratefully received.

Tōna whānau: Unable to provide support

The association of good parenting with specific resources also marginalises whānau who often struggle to absorb the additional costs and caregiving of both the young parent and their child. Hineraukatauri moved out of home and away from potential support because of concerns about the negative environment. She tentatively suggests that she could ask her mother or brother to look after her children while she buys groceries although what she really needs is help with a more robust solution such as getting her own car. Despite wanting to provide support, some of the young Māori parents' whānau were themselves experiencing disadvantage. They were often unable to provide tangible or consistent support to the young Māori parents or their children. The overlapping of socioeconomic disadvantage and ill health affected the capacity of some whānau to absorb the caregiving of another child and provide the support that young Māori parents desired.

Tōna ake ao: Learning how to receive support

Hineraukatauri frames her lack of resources and support as a personal deficit. She sees it as her responsibility to resolve her own issues and improve her own circumstances. For those that had to rely on whānau or government assistance, they struggled with asking for help and being reliant on others. Young parents felt like a burden and incapable because they required assistance. A lack of resources silences a young parents' ability to complain about a service or lack of resources, assert their rights or feel they are deserving of support.

Discussion: Effects of Negative Representations of Young Māori Parents on Whānau

Considering the two layers of Te Ao Whānui and Tōna Whānau of the kaupapa kōrero approach demonstrates the relationship between wider society and most significant relationships, and the support experienced by young Māori parents. Te Ao Whānui included predominantly negative public representations of what it means to be Māori, a young person, a parent, and to have come from a disadvantaged background. Tōna Whānau reveals how these public perceptions influence and constrain the way whānau respond to early parenting.

This research supports previous findings about whānau as key to providing support and promoting wellbeing, particularly for Māori parents (Cram, 2012; Families Commission, 2011; Herbert, 2001; Stevenson et al, 2016; Strickett & Moewaka Barnes, 2012). Whānau often provide physical and emotional refuge from public expectations and judgements. However, some whānau are also experiencing disadvantage themselves and unable to provide the additional support desired by young parents. Whānau are also exposed to dominant negative societal judgements which stigmatise being a young Māori parent coming from disadvantage. These assumptions are difficult to resist. They shape the way that support is provided by others and experienced by young parents (Brand, Morrison & Down, 2014). Notwithstanding, support from whānau did not always perpetuate the negative assumptions about young Māori parents. Some whānau resisted the negative stereotypes of young Māori parents as not reflecting the realities of early parenting for their young person. Resisting negative stereotyping enabled young parents to navigate

more positive constructions of early parenting. Being able to draw on positive interpretations from family (Tōna Whānau) enabled some young Māori parents to emphasise relatively positive experiences of early childbearing. For example, young Māori parents could construct their own experience of early parenthood as contributing to their development as a young person (Brubaker & Wright, 2006), their learning as a new parent, to develop their role within their whānau, and strengthen interdependence within their whānau.

These understandings are useful to inform how to improve support, particularly for whānau, for young indigenous parents and thus their overall experience of parenting. This research has demonstrated that even the most well intentioned support often implicitly reinforces dominant representations of young Māori parents as insufficient. Even though some young people, such as indigenous people receiving welfare, were almost expected to become young parents (Geronimus, 2003) and many have experiences of helping to raise other children within their whānau, they were still treated as insufficient parents (Yardley, 2008). This framed support for young parents as something that they should be grateful for, regardless of how effective it might be. Support can become overbearing, ineffective or unwanted. Young Māori parents should not need to feel deficient or sacrifice their parenting aspirations in order to receive help.

An approach to support for young indigenous parents will need to address the negative representations of being indigenous, young, a parent and coming from disadvantage that challenge the provision of effective and responsive support, particularly by whānau and supporting professionals. It will also need to develop the capacity of families and supporting professionals to support and empower young indigenous parents to resist stigma in the pursuit of a positive sense of self and wellbeing.

Conclusion

Effective and responsive support for young Māori parents has the potential to prevent further marginalisation. Alternatively, ineffective support may reinforce dominant negative representations of young Māori parents and negatively influence the support young Māori parents receive. Previous research and policy relevant to support for young Māori parents has focused on addressing socioeconomic inequalities and providing mostly western-based solutions such as parenting programmes, which may contribute to the problematisation of early parenthood. Programmes and practices that focus on early parenting as perpetuating disadvantage cannot provide the positive support that young parents need to reach their full potential. It is important, therefore, that research, policy and practice address the dominant negative representations of being Māori, a young parent and requiring assistance that shape the way support is experienced by young Māori parents. This countering of dominant narratives will be an important part of reducing stigma and challenges associated with early parenting. Positive representations of early parenting among indigenous peoples is required to provide a strengths-based, culturally responsive, and empowering approach to facilitating wellbeing, particularly for young Māori parents.

Chapter Nine: Mana mātua: Being Young Māori parents

This chapter considers the layers Te Ao Māori and Tōna Ake Ao and the influence that Māori understandings have on personal stories. Examining these layers of narrative about Māori beliefs about reproduction and raising children provides an opportunity to explore how young Māori parents draw on Māori identity to construct personal experiences of early parenting.

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Abstract

Young Māori parents navigate western parenting expectations, and issues of indigeneity in their construction of early parenting. A Māori narrative approach to research with young Māori parents revealed personal stories of early parenting located in wider expectations from family and peers, their indigenous community, and society. The application of a Māori relational analytical framework reveals how young Māori parents navigate and negotiate assumptions about being young and being Māori. They draw on Māori understandings about raising children to resist assumptions that having a child at a young age contributes to entirely negative experiences. Furthermore, identifying with western attributes of 'good' parenting, helps to counter the negative social outcomes often attributed to Māori parenting. To further strengthen positive experiences of early parenting for Māori requires a broader approach to developing positive representations of Māori caregiving and Māori identity and integrating these into parenting supports.

Introduction

Young Māori parents in Aotearoa New Zealand are members of whānau, and Māori communities. They also have some similarities with their peer grouping of young parents. Each of these groups has its own distinct characteristics. Identifying with each grouping can provide access to shared experiences and understanding, it can also provoke certain societal responses and expectations. Whilst the recent Māori cultural renaissance has helped to promote positive representations of Māori expression, the ongoing effects of colonisation and racism perpetuate largely negative representations of the indigenous peoples of Aotearoa (Houkamau & Sibley, 2010). Similarly, a burgeoning body of research reveals early parenthood as a positive experience, however there is still widespread stereotyping of young parents as unsuitable and incapable (Breheny & Stephens, 2010). Young Māori parents can be subjected to negative stereotyping in relation to being both young parents and as Māori.

As young parents, they are subject to stigma about early pregnancy being indicative of irresponsible behaviour (Kelly, 1996). Young parents are framed as incapable and unsuitable to care for a child (Breheny & Stephens, 2010; Wilson & Huntington, 2006). As Māori, they are subject to stigma associated with disadvantage and poor health and social outcomes (Hodgetts, Masters & Robertson, 2004). To claim a positive identity, young Māori parents must negotiate the negative connotations about being Māori and being a young parent.

Background

Māori Perspectives of Reproduction and Caregiving

A Māori worldview has positive understandings of reproduction and caregiving. There is no specific term for 'parenting' or 'teen pregnancy' in the Māori language. However, there are many terms related to reproduction, pregnancy, labour, birth, mothering and fathering and a range of roles and relationships relevant to caregiving. For example, Māori academics have examined the important role of women as *whare tangata* and as *ūkaipō* (Gabel, 2013; Moewaka Barnes et al., 2013; Ratima & Crengle, 2012; Rimene, Hassan & Broughton, 1998; Simmonds, 2014; Simmonds & Gabel, 2016). *Atua Hineahuone* and *Hineteiwaiwa* are often cited as the source of Māori understandings about women and *tikanga* associated with childbearing (Simmonds & Gabel, 2016). There are many interrelationships between childbearing and identity. For example, *hapū* means to be pregnant as well as a sub-tribe, *whānau* means to be born and extended family, and, *whenua* means both placenta and land. Within *Te Ao Māori* the process of reproduction strengthens social structures of *whānau* and *hapū*, and connections with land.

There is also a growing body of literature about Māori parenting and raising Māori children (Cram, 2012; Herbert, 2001; Jenkins & Harte, 2011; Penehira & Doherty, 2012; Pihama, 2012; Ware, 2014). Within such literature many Māori concepts relevant to raising *tamariki* are identified. For example, *whakapapa* emphasises the important role of both parents in producing new life to continue legacies. *Tapu* and *mana* help explain the prized and precious nature of *tamariki* and *mokopuna* (grandchildren), whilst *aroha* refers to the way *tamariki* and *mokopuna* are nurtured and raised by the whole *whānau* (Jenkins & Harte, 2011). *Hineteiwaiwa* is also the *atua* of *rāranga* (weaving) and links reproduction with *harakeke* (native plant) which represents a *whānau* structure. The *rito* or centre shoot represents a child, the two surrounding leaves or *awhi rito* represent the parents and the outer leaves or *tūpuna rau* represent the grandparents and wider family (Pihama, 2012). The *pūrākau* of *Ranginui* and *Papatūānuku* who were separated to allow their children to come into the world of light to grow is often cited as an example of a Māori understanding of the role of parents and children (Jenkins & Harte, 2011; Ware, 2014). The sole publication specifically on Māori fathering (Edwards & Ratima, 2014) also emphasises the important and distinct role of fathers.

“Māori cultural views of whakapapa, whānau and tamariki as practiced within tikanga Māori... frame how pregnancy is positioned within te ao Māori, and therefore contextualises an approach by which Māori teen pregnancy may be viewed” (Pihama, 2010: 2).

Māori concepts thus affirm a positive representation of whakapapa and reproduction, of everyone supporting each other to raise children and contributing to the overall wellbeing of the whānau. However, public representations of Māori parenting are often associated with negative connotations such as child abuse, poverty and welfare receipt, homelessness and neglect.

Negative Representation of Māori

The public representation of Māori ethnicity and culture is largely negative, focusing on the disproportionate representation of Māori in almost every negative health and social outcome (Hodgetts, Masters, & Robertson, 2004). These outcomes are often blamed on personal inability or reluctance of Māori to choose to improve their situation. This individualising of blame and responsibility for disparities produces deficit theorising about Māori as inherently 'bad' (Te Rōpū Whāriki, 2014). The continual comparison of Māori as lesser than non-Māori reinforces negative stereotypes of Māori which perpetuates further disadvantage and stigmatisation associated with being Māori (Houkamau, Stronge & Sibley, 2017). Negative stereotyping of Māori is evident in different areas of society, from whitestream media (Nairn, McCreanor, Moewaka Barnes, Borell, Rankine & Gregory, 2012) to policy that affects young Māori parents on welfare (Neill-Weston & Morgan, 2017; Ware, Breheny & Forster, 2017). This deficit approach of viewing Māori ethnicity or culture as a 'risk factor' is particularly apparent in research and literature about teen pregnancy in New Zealand (Marie, Fergusson & Boden, 2011).

However, individual circumstance and socioeconomic status do not fully account for differences in outcomes. These disparities are outcomes of broader socio-historical, cultural and political determinants of health and wellbeing such as ongoing colonisation, racism, marginalisation and white privilege (Robson, 2008). Indigenous peoples are systematically marginalised and excluded from full participation in society through dominant non-indigenous hegemonic usurption. Therefore, a broader examination of how these marginalising systems, services and practices are maintained in society and continue to perpetuate these disparities, is required. This paper further explores the challenges of being Māori and a young parent, the potential of positive representations of reproduction and caregiving from Te Ao Māori, and navigation to a positive identity.

Findings and Analysis: Being a Young Parent and Māori

Two key kaupapa of being a young parent and being Māori were prevalent in young Māori parents' kōrero. Their kōrero were further shaped by two sometimes diverging understandings about childrearing from Te Ao Māori and dominant western society (Te Ao Whānui). An examination of their kōrero demonstrates how Māori understandings about childrearing are drawn on, to resist dominant negative assumptions about being a young parent. Western markers of 'good' parenting were also emphasised, to counter the stereotypes of negative social outcomes associated with being young and Māori. Young Māori parents navigated and negotiated these two differing expectations of childbearing to construct their own personal kōrero (Tōna Ake Ao). Three key experiences are presented and discussed: finding out about pregnancy, resisting stigma associated with early parenthood and Māori ethnicity, and being Māori. Whilst

all the participants stories contributed to the analysis, quotes from four of the participants are presented here as examples.

Positive Pregnancy Test

Each young Māori parent's kōrero began with remembering when they found out that they had conceived and were going to become a parent. The age of the young parents when they conceived ranged between thirteen years to twenty years of age. All considered themselves young parents. In constructing their own kōrero about finding out they were pregnant; the young Māori parents drew on Māori understandings of reproduction and childbearing from Te Ao Māori to counteract the negative assumptions about early parenthood.

Te Ao Māori: Treasuring a new mokopuna

Many of the young Māori parents described how, from a Māori understanding, their pregnancy was a development to be celebrated because they were contributing to whakapapa with the addition of another mokopuna to their whānau. Children are considered taonga tuku iho from the atua and are to be treasured (Jenkins & Harte, 2011).

Everyone was all right because my whole family was excited. Everyone was just disappointed because of my age. My mum was probably the one that made everyone turn their frowns upside down. She would say “but the good thing is, she’s happy and she’s having a baby. It’s another moko (short for mokopuna - grandchild)”. (Rongomaiwahine)

The valuing of whakapapa and children helped to mitigate the disappointment from some of Rongomaiwahine's whānau about her pregnancy at what they considered to be a young age and the associated teen pregnancy stigma. Rongomaiwahine's pregnancy is able to be framed as positive and as contributing towards the development of her whānau.

Tōna ake ao: Welcomed pregnancy

Despite none of the pregnancies being planned, most of the young Māori parents quickly overcame the shock and welcomed their pregnancy. Notwithstanding their own concerns about the stigma attached to early childbearing, they had less concern with their own parenting capacity as many had grown up around other children and had experience in helping to look after the other babies within their whānau.

Once I had a couple of scans and realised that it was a baby, it wasn't just a couple of lines on a pregnancy test I just felt like, with everything inside me that I wanted to have her. Regardless of that I was 16 I just, I've grown up around a big, like most Māori families, I've grown up around a lot of babies and stuff like that. I just thought that I like was the type of person that loves babies anyway. I knew that it wouldn't be that different to have a baby for me. (Hine-Tītama)

Hine-Tītama draws on Māori concepts of whānau and aroha to explain her experience in raising tamariki to help ease concerns with her young age and parenting capacity. In doing so, Hine-Tītama shapes her story as one of experience and competence. The expectation of childrearing may have implications for young Māori parents feeling unable to identify a lack of competence or ask for support.

Resisting Stigma

The young Māori parents talked about how they saw themselves developing as a parent as well as whether society acknowledged them as suitable parents. While the majority were young mothers, there were two young fathers. Many of the participants had a range of parenting roles such as co-parenting, step-parenting, solo parenting, adoptive parenting, and helping to care for other children in their whānau. Most of the young mothers had attended a specialised school for teen parents and some had attended specialised childbirth preparation classes for teenagers.

Te Ao Māori: Positively Māori

In addition to the negative assumptions about age, the parenting ability of Māori youth was also subject to negative connotations associated with being Māori. Some young Māori parents experienced public discouragement and disapproval of identifying or looking Māori. They felt that there was an expectation to distance themselves from these negative stereotypes. However, some of the young Māori parents resisted this stigma by proactively and positively claiming a Māori identity.

Hineahuone: I wish the doctors would be more accepting [of personal choice to identify as Māori]. They don't think I'm Māori, they laugh at me, it's not funny at all. It makes me angry when I tell them that my child is half Māori and half Pākehā. And this one lady at [clothing store]...They were like "oh why do you say that your baby is Māori when they don't look like it?". And I was like "well it's none of your business" kind of thing. I felt quite pissed off. People should have more respect. To me I don't have to be brown....

Tāne Mahuta: I suppose we do sort of get judged for looking like a Māori parent.

Hineahuone: People sort of expect you to stuff up.

Tāne Mahuta: They sort of expect you to...

Hineahuone: To fail or they judge you more or they keep an eye on you more than the Pākehā parents, which is totally not true. I disagree with that.

Despite the potential ridicule and hurt that Hineahuone had felt about her ethnicity not being accepted and respected by others, she positively claims a Māori identity for herself and her child. This act of positively claiming a Māori identity works to challenge the negative stereotyping of Māori parents that her partner Tāne Mahuta felt subjected to. It also contributes to the diversification of expressions of being Māori as

more than just physical attributes. The way Māori identity is portrayed may have implications for how young Māori parents see their own indigeneity, what they choose to value and how they raise their children.

Tōna ake ao: Becoming a good parent

Young Māori parents further resisted negative representations and stigma of early childbearing and being Māori by distancing themselves from what they perceived to be behaviour that had significant negative consequences often associated with teenagers, and conforming to 'good' parenting expectations. In constructing their own understanding of becoming a parent, the young Māori parents emphasised perceived markers of 'good' parenting to counteract any assumptions about a lack of parenting capability due to being young or Māori. The young Māori parents felt pressured to prove themselves as mature, responsible and capable parents engaging in behaviours that supposedly produced healthy outcomes in order to redeem themselves of the supposedly risky or harmful behaviour that led to the conception of their child.

I would proactively look on the internet and stuff like that. I would go to the library and get books and stuff. I was really proactive in my pregnancy...I changed my diet, dramatically, not in a bad way, I ate really healthy, and I even went to the point where I wouldn't eat like deli, like coleslaw or ham or anything...Like with exercising, I regularly took my mum's dog out and went for a walk, especially around the end of my pregnancy just to try and get things going... I got into different hobbies and thought I would start knitting and knit baby some stuff. I just went from basically being 16 to 25 in 9 months. I think I became more like honest with my mum as well because I thought, if I'm going to be a parent then I can't keep acting like a teenager anymore you know? (Hine-Tītama)

Hine-Tītama distanced herself from being perceived as a teenager who could not possibly also be a capable parent, by detailing all the practices that she engaged in which she associated with improved health outcomes and responsibility. She constructs her experience of becoming a parent as a quick process of role development into a mature and competent adult despite her age. She does not specifically include any examples of Māori or whānau practices in her descriptions of changing behaviours. This may be due to the focus on demonstrating 'good' parenting practices which leaves little room for the recognition and integration parenting knowledge and practices that might align with a Māori worldview, in contributing to health and wellbeing.

Being Māori

All the young parents self-identified as Māori to participate in the research. There were a range of identities expressed. Some had been brought up knowing who they were, where they came from and had long been engaged in te ao Māori. Others were living outside of their tribal boundaries, were disconnected

from wider whānau and support networks and had little engagement with Māori institutions and practices. However, all the young Māori parents wanted their children to grow up to be confident and secure in their Māori identity. The young Māori parents drew on their understandings of Māori culture and practices associated with strengthening relationships to ancestors, heritage, language, and land to explain how they were raising their children .

Te Ao Māori: Satisfying tikanga

Most of the young Māori parents listed practices associated with pregnancy, birth and raising tamariki that might commonly be recognised as aligning to a Māori worldview. For example, not cutting hair or entering an urupā when pregnant, using tupuna (ancestor) names for their child, keeping the whenua and pito (umbilical cord), karakia, and use of te reo Māori. However, there was some uncertainty about the purpose and significance of some of these Māori practices. The implementation of these practices was also quite dependant on expertise and involvement from the wider whānau, which was sometimes lacking.

I kept the placenta, because I'm wanting to bury it... We have a family marae. My mum and my auntie's and my kuia (grandmother) have all buried their placentas around there, that is a traditional thing that we all do. I want to go bury my placenta there too.

I think my marae is over in Rotorua. I don't really get to go there very often... I really want her [baby] to know the culture and stuff like that. It's a must for her to be somewhat involved, like, visit our marae and like just tell her about my marae....

We don't all speak Māori to each other, but we have taught her [baby] a few Māori words. I want her to know her culture and like the food and stuff. (Hine-Tītama).

Despite Hine-Tītama knowing about keeping the whenua, she has not yet been able to complete the practice as she does not often return to her marae. The integration of Māori practices enables Hine-Tītama to frame her parenting as inclusive of Māori culture. However, the significance of these practices and contribution to wellbeing and identity may be limited by a lack of cultural guidance and in-depth understanding. Competent Māori support may therefore need to be a crucial part of supporting young Māori parents, particularly if there has been disruption to the intergenerational transmission of this knowledge within whānau.

Tōna ake ao: Meaningful connections

Regardless of the diversity in cultural backgrounds, becoming a parent seemed to facilitate an increase in the young Māori parents' desire to engage with Māori language and culture for their children's benefit. Some of the aspirations for their children were to have a strong positive identity, to know their whakapapa, be connected to their whenua and tūrangawaewae (place of belonging), feel their wairua

(spirituality), understand and practice tikanga and use te reo Māori. Some of the young Māori parents were able and confident to pursue these aspirations at home, while others required some additional support.

Discussion

These young parents provided insight into the difficulties of managing identity at the intersection of Māori identity and early parenthood. These findings support previous qualitative research about the role of counter narratives in challenging, resisting, and countering negative stereotypes especially about young parents (Barcelos & Gubrium, 2014; Kirkman et al, 2001; Neill-Weston & Morgan, 2017). When the young Māori parents reflected on their experiences, culture and identity was a key feature of the parenthood journey. For example, their kōrero touched on Māori concepts relevant to parenting in Te Ao Māori. Concepts such as whakapapa, whānau, whanaungatanga, and aroha are not associated with an age or socioeconomic status and so early childbearing is not problematised from a Māori understanding (Pihama, 2010). However, in some circumstances there was also a lack of understanding about Māori practices and how they were relevant to parenting. This may be a reflection of the impacts on intergenerational transmission of knowledge about childrearing.

There were challenges associated with positively identifying as a Māori parent due to the racial stereotyping of Māori as inherently 'bad' (Hodgetts, Masters, & Robertson, 2004; Te Rōpū Whāriki, 2014) and the fear of additional scrutiny of their parenting. The framing of Māori identity in two quite opposing ways, associated with positive representations of childrearing on the one hand, and negative racial connotations of inferiority on the other, contributes to understandings about Māori identity and measures of 'Māoriness' (Greaves, Houkamau & Sibley, 2015).

Young Māori parents' ideas of what makes a 'good' parent were constrained within western markers of a specific set of skills associated with expert-styled parenting. To further support a positive identification of being Māori and associate being Māori with good parenting requires decolonising western understandings about Māori women and mothers, Māori fathers, pregnancy, birth and caregiving. This will include addressing the impacts on identity such as ongoing effects of colonisation, dislocation from land, language and culture, the increased expectations about what it is to be Māori arising from the recent Māori cultural revitalisation efforts and the negative portrayal of Māori through statistics and the media (Houkamau, Stronge & Sibley, 2017).

Furthermore, Māori understandings and practices associated with reproduction and caregiving develop identity through strengthening connections to ancestors, heritage, language, and land (Simmonds & Gabel, 2016). A recent review of the effectiveness of parenting programmes for parents of vulnerable children (Social Policy Evaluation and Research Unit, 2015) found that Kaupapa Māori and culturally adapted parenting programmes that validate Māori values and practices are more enjoyable and effective for Māori parents. Māori principles help build transformative practices within the whānau and community by strengthening identity and growing knowledge of parenting practices that might align with a Māori worldview.

A strong positive Māori identity has positive implications for wellbeing and could therefore contribute to current parenting knowledge and practices in Aotearoa. Whānau practices and Māori beliefs have been framed as additional or secondary parenting knowledge and skills; they have not been positioned as central to being a 'good' parent in Aotearoa. The addition of Māori understandings about parenting may help to ease the pressure to conform to western markers of 'good' parenting based on the expectations of white, middle class, middle aged mothers. The promotion of Māori understandings and practices associated with reproduction and caregiving will alleviate the fear of additional scrutiny and help to facilitate navigation to a positive Māori identity.

Conclusion

Young Māori parents are subject to dual stigmatisation associated with being a young parent and being Māori/indigenous. Navigation to a positive parenting identity is challenged by negotiating the stereotypes of young parents as incapable and Māori as 'bad'. Supporting professionals and whānau are also limited by these negative representations of Māori ethnicity and early childbearing in their understanding of experiences of being a young parent and Māori. Furthermore, the problematisation of Māori ethnicity marginalises Māori culture and identity as integral to support or part of possible solutions.

This research found that young Māori parents draw on Māori understandings in constructing their own personal experiences of early childbearing, although not necessarily in their construction of being 'good' parents. Aspiring to attributes of a 'good' parent may be a strategy to resist the stigma associated with Māori ethnicity. Similarly, identifying with positive Māori representations of reproduction and caregiving may be a strategy to resist the stigma associated with early childbearing.

Positive experiences of early childbearing for Māori could be supported by the decolonisation of western understandings of reproduction and caregiving, the re-contextualisation of early childbearing for Māori as part of contemporary parenting experiences, and the promotion of Māori identity. Promoting Māori understandings and experiences of caregiving, identity and wellbeing may also be relevant to other Māori parents and influence the way society values Māori women and children. The broader promotion of Māori knowledge, identity, language and culture will contribute to greater empathy and value of things Māori by wider society. A more in-depth and widespread understanding of Māori knowledge and practices will influence curriculum and programs increasing cultural responsiveness and cultural competency in supporting professionals such as in health, education, parenting programmes and social support.

Highlighting some of the layers of the kaupapa kōrero approach enables an examination of how the layers interact with and influence each other. This comparison highlights the differences in the way young Māori parents are represented in each layer. Young Māori parents are influenced by each layer. They draw on the different perceptions of early parenting, Māori identity, and requiring assistance while navigating to their own personal account of raising children.

Chapter Ten He Whakakapi: Conclusions, Limitations and Recommendations

Introduction

The aim of this thesis was to explore the experiences of support of young Māori parents during pregnancy, birth and parenting. The overall purpose of the study was to help enhance the mauri of young Māori parents. This was achieved by ensuring a culturally conducive and strengths-based approach to research that privileged young Māori parents' experiences of raising a family. To achieve this, the broader contexts of contemporary cultural, social and political constructions of early pregnancy and parenthood that influence the mauri of young Māori parents were considered. This included analysing the dominant representations of young people, early childbearing, Māori ethnicity, and requiring welfare. This stigma and stereotyping was evident in relevant policy, practice, and relationships with support people and influenced the experiences of the young Māori parents.

The study also included an exploration of Māori perspectives of reproduction, caregiving, and the role of whānau in providing support. This produced some positive understandings of the potential role and contribution of young Māori parents. These two quite different perspectives of early parenting from Te Ao Whānui and Te Ao Māori have provided the context for understanding how young Māori parents experience support and fulfil their potential as Māori, as youth and as young parents. In-depth insight into personal stories provided a more complex and nuanced understanding of the realities of being parents while also being young, Māori and requiring support. The continued high rates of early childbearing among Māori mean that better understanding how to support young Māori parents and their whānau is important to inform more responsive research, policy and practice particularly in regard to Māori development, youth development and social welfare.

This conclusion provides a brief summary of the thesis by sections. The key findings of the thesis are then highlighted to illustrate three central themes that influence the context of support for young Māori parents. These are: stigma, Māori identity, and whānau support. I then outline the implications for policy and practice, and limitations and recommendations for further research.

Brief Overview of Thesis

This thesis has employed a Māori framework of development based on the creation story, for understanding and presenting the research. The first section, Te Kore, provided the broader macro-level influences that shape the environment in which young Māori parents raise their children in Aotearoa New Zealand. The Māori creation narrative of Ranginui,

Papatūānuku and their tamariki grounded the thesis in a Māori understanding of raising children. The structuring nature of whakapapa as key to a Māori worldview provided both literal and figurative cultural connections, which were continued throughout the thesis. For example, the thesis began with the whakapapa of knowledge included in the first karakia, followed by the whakapapa of Ranginui and Papatūānuku. The analytical framework employed to understand the kōrero of the young Māori parents utilised a whakapapa approach. The pseudonyms of the participants were names of atua from whakapapa. The young Māori parents also talked about whakapapa in terms of their ancestry and their sense of belonging, in their kōrero related to raising their children.

In contrast, the analysis of the unique Young Parent Payment, which significantly affects young Māori parents, revealed an almost complete lack of consideration of the influence of Māori identity or indigeneity on the experience of early parenthood. Instead, the political rationalities that shape government response to welfare provision for young parents in Aotearoa New Zealand, demonstrate a broader neoliberal concern about economic productivity and the right type of parent. These discourses frame being young, a teen parent and needing financial assistance as risks linked to negative outcomes, and social exclusion.

Te Pō explained the methodology employed to gather, present and understand the experiences of the young Māori parents. The method of kōrero involved a reflexive and empowering process of sharing stories and provided important insight into the actual lived realities of pregnant and parenting young Māori. By developing a new approach to narrative analysis called Kaupapa Kōrero, I was able to draw on aspects of Māori research, oral tradition and narrative inquiry to privilege and express the diverse experiences of early parenting for Māori. Māori principles relevant to doing research with young Māori parents informed all aspects of the research process to ensure a culturally appropriate approach. For example, whanaungatanga guided engagement with the young Māori parent community and recruitment of participants. The establishment of these relationships also ensured ongoing involvement of young Māori parents in the research as well as the researcher's ongoing commitment to the young Māori parent community.

Ko Rangi rāua ko Papa presented the diverse personal stories of some of the young Māori parents who participated in the research. Their stories demonstrate the challenges of being young, Māori and parenting amidst the stigma associated with early childbearing and Māori ethnicity. Their kōrero offered rich and diverse understandings about how they see themselves and how they want to be seen and defined by others, accounts that are seldom privileged.

Te Ao Mārama analysed the stories of the young Māori parents and discussed how their personal experiences related to the broader cultural, social and policy contexts introduced in Te Kore. The application of whakapapa as a relational analytical framework

provided a way of identifying layers of interrelated narratives that influence the experience of parenting for young Māori. Without this approach to analysis, it would be tempting to focus on the participants' kōrero as reflections of their experiences of making a transition to parenting (Tōna Ake Ao). Using this approach demonstrated how the young Māori parents' experiences were also situated in terms of significant relationships, Māori identity, and societal expectations. Storying young Māori parents' experiences within these wider contexts privileges Māori knowledge, identity and culture, and the impact of relationships. It also highlights how narratives can be constrained by a range of social resources and circumstances such as expectations within the narrator's close relationships, as well as the prevailing cultural and societal discourses about early childbearing and indigeneity. The layers within Kaupapa Kōrero demonstrate that young Māori parents simultaneously reproduced, challenged, and resisted narratives of early childbearing and Māori identity that affected their everyday lives. Identifying these layers provides a more nuanced and situated account of experience that places researchers in a better position to inform policy and practice.

Some recent health-related interventions targeting Māori, such as the promotion of ipu whenua and wahakura, were discussed in terms of their ability to help young Māori parents navigate to positive identities as Māori, and as parents. Although claiming to be culturally responsive to Māori, the comparatively narrow implementation of providing a practical solution to holding a placenta or a safe sleep space for baby, shifted the meaning from facilitating a process to engage with te ao Māori to the provision of a suitable container. If, however, these interventions aim to contribute to positive Māori identities and therefore wellbeing for both mother and child, then the full meaning and knowledge associated with these processes need to be the focus. Acknowledging this wider meaning will strengthen healthful connections to atua, whakapapa, whenua, te reo and tikanga.

Key Conclusions

Taking into consideration the thesis as a whole, the research has produced some key findings in relation to support for young Māori parents that are relevant to the broader themes of stigma, indigeneity and whānau. These conclusions are relevant to indigenous parenting amidst racism and colonisation, early parenting in a context of disadvantage, and the valuing of indigenous peoples and parenting in society.

Stigma: Twofold as Young Parents and as Māori

Despite poor outcomes of early childbearing found to be equivocal, there remains a persistent pathologising of teen parenting (Duncan, Edwards, & Alexander, 2010; Graham & McDermott, 2006; Wilson & Huntington, 2006). Dominant expectations about appropriate life course trajectories for young people, particular types of parents being considered 'good' and

'right', and 'productive' citizenship contribute to the problematisation of early childbearing. Young people who do not conform to the expected life course trajectory of completing secondary school, gaining employment, forming a stable relationship and achieving financial independence before having children are viewed as deviant (Banks, 2008; Breheny & Stephens, 2008). This perceived deviance is further compounded by early childbearing often delaying education and employment for mothers (Allen & Osgood 2009; MacLeod, 2002; Schoon & Polek, 2011; Sniekers & van den Brink, 2019). As certain types of young people are most likely to deviate from the preferred life course trajectory and have lower educational achievement and lower employment rates, they are more likely to be over-represented in early childbearing and require state support (Creese & Kambere, 2003: 566 as cited in Pulkingham, Fuller & Kershaw, 2011; 272). Young mothers on welfare are thus stigmatised (Wilson & Huntington, 2006). This research found that early childbearing is also problematised in Aotearoa New Zealand, particularly for Māori who are over-represented in a range of negative health and social outcomes including early childbearing (Breheny & Stephens, 2008). This research found that the effects of this stigma constrain the way young Māori parents are supported in government welfare policy, interactions with health professionals, and their whānau, and the way they talk about themselves.

This research has revealed that the perpetuation of these assumptions associated with early childbearing in local government welfare policy mean that young parents, predominantly Māori mothers, are treated as a burden on society and a risk to be managed (Adcock, Lawton, & Cram, 2016; Ware, Breheny & Forster, 2016). The caregiving capabilities and aspirations of young parents are ignored while the role of the state in determining improved outcomes is enforced. A narrow focus on modifying young parents' behaviour in order to reduce negative outcomes disregards the role of the state in contributing to broader historical, structural, social, and cultural inequalities of early childbearing and social assistance, for Māori. This deficit approach to early childbearing will never be able to leverage off the strengths of young parents in order for them to reach their full potential. The negative portrayal of Māori in policy and media is an ongoing colonial exercise to marginalise Māori and prioritise non-Māori (Green, 2011; Pihama, 1996) and applies to the portrayal of young Māori parents. The negative representation of young parents requiring support in government policy reinforces a powerful discourse about early parenting for Māori which is hard to resist or challenge.

The stigmatisation of young mothers by the wider community has significant consequences and can influence whether young parents and their babies receive appropriate and professional care (Breheny & Stephens, 2007b; Conn, de Figueiredo, Sherer, Mankerian & Iverson, 2018; Fearnley, 2018; Harrison, Clarkin, Rohde, Worth, Fleming, 2017; McArthur & Barry, 2013; Price-Robertson, 2010). This perceived

stigmatisation results in young parents not feeling valued as a parent or deserving of support. Young Māori parents in this study were reluctant to ask for help as this assumed that there was a deficiency in their parenting. There was a fear of being judged, discriminated against or having their parenting capabilities doubted. Some young Māori parents did not engage with services such as childbirth education classes or withheld information from others such as their midwife or WellChild nurse, in order to protect themselves and their child from potential judgement. This stigma even permeated their most significant relationships. Many whānau still assumed a lack of parenting capability in their young parent and often over-compensated with potentially unwanted and unwarranted whānau support as a result.

Young Māori parents also believe that they are treated differently not just because they are young, but also because they are Māori (Strickett & Moewaka Barnes, 2012; Stevenson, 2018). Some of the young Māori parents experienced overt racism. Some felt that being Māori meant additional scrutiny. This has additional consequences for their health and wellbeing. Research has found that experiences of racial discrimination have severe direct consequences for the mother's mental health (Bécares & Atatoa-Carr, 2016) and could potentially explain some disparities in birth outcomes (Moewaka Barnes et al., 2013). In addition to feeling as though they had to redeem themselves and gain approval as capable parents (Barcelos & Gubrium, 2014; Kirkman et al, 2001; McDermott & Graham, 2005), they also felt that they had to satisfy western parenting expectations, and distance themselves from any negative connotations associated with being Māori. For example, this meant learning how to knit but not how to weave a wahakura or return a placenta to the whenua. However, most young Māori parents were proud to be Māori and wanted their children to know their Māori heritage. The additional scrutiny felt by young Māori parents made navigating to a positive identity a challenge. Young Māori parents need opportunities to participate in both Te Ao Whānui and Te Ao Māori in order to develop a positive parenting identity and a positive Māori identity.

The construction of early pregnancy as a problem has been challenged internationally (Arai, 2009; Furstenberg, 2007; Geronimus, 2003; SmithBattle, 200; MacLeod, 2001) and locally (Breheny & Stephens, 2007a; 2008; Cherrington & Breheny 2005; Wilson & Huntington, 2006) with critical and deconstructive examinations of the broader social and structural explanations of early parenthood. This research extended the examination of structural inequalities such as discrimination, racism and sexism on early parenthood to also include indigeneity and colonisation. It has demonstrated that the deeply entrenched but tenuous assumptions about teen parenting, social exclusion, welfare dependence, and Māori ethnicity only further hinder provision of appropriate support and services for young parents. These negative societal representations pervade not just policy and research, but also how support is experienced within significant relationships. These negative portrayals contribute

to the ongoing stigmatisation, regulation and entrenchment of existing health and social inequalities between Māori and non-Māori in Aotearoa/New Zealand.

Indigeneity/Māori Identity: A Source of Strength and Wellbeing, if Recognised Appropriately

Māori, like many indigenous peoples, have high rates of teenage parenting (Families Commission, 2011; Fonda, Eni & Guimond, 2013). Unlike the western view of teen pregnancy, early childbearing does not seem to be such an issue for indigenous peoples (Archibald, 2004; Cooke, 2013; Dalla & Gamble, 2001; Geia, Hayes, Usher, 2011; Eni, Phillips-Beck, 2013; Jersky et al; 2016). This may be due to indigenous beliefs about roles and development being less related to age and more defined by capabilities and responsibilities, particularly for youth (Ware, 2009). The centrality of whakapapa and whānau to a Māori worldview, may mean more acceptance of early childbearing for Māori (Pihama, 2010). This research found that young Māori parents and their whānau drew on Māori understandings of reproduction and caregiving to help resist the stigma associated with early childbearing. For them, the continuation of whakapapa is positive and to be celebrated, notwithstanding the age of the parents. These findings support previous qualitative research about the role of counter narratives, particularly those about the positive experience of early parenting, in challenging, resisting, and countering negative stereotypes about young parents (Barcelos & Gubrium, 2014; Kirkman et al, 2001; Neill-Weston & Morgan, 2017). This positive counter narrative based on foundational Māori beliefs of the value of childrearing may not be available to other non-Indigenous young parents.

Positively claiming a Māori identity amongst potential stigma and scrutiny, is an act of self-determination and resistance to the negative assumptions about Māori. Despite a broad range of cultural expressions from the young Māori parents, all of them wanted their child to have a positive Māori identity and be proud to be Māori. However, there were few spaces for young Māori parents to safely be Māori without scrutiny and few opportunities for them to develop their Māori identity and knowledge. There were also few people who could support them in their aspirations. For one young couple, their second midwife who was Māori herself, and had personal experience of being a young parent, encouraged knowledge and practices aligned to a Māori worldview. This made them feel valued and supported to fulfil their parenting aspirations as Māori. Whereas their first non-Māori midwife had no personal experience of being a young parent or desire to work with young Māori parents. This resulted in the young Māori parents feeling a lack of engagement, support, and preparation to become parents. This research concluded that the way Māori culture and identity is understood affects how young Māori parents are supported, how they relate to their own indigeneity, how they raise their children and what society values. Young Māori parents

would benefit from seeing themselves and all their diversity reflected all around them, particularly in health professionals, support services and government policy.

Young indigenous parents are parenting amongst the ongoing effects of colonisation which enforce dominant ideologies about parenting (Archibald, 2004; Cooke, 2013; Dalla, & Gamble, 2001; Geia, Hayes, Usher, 2011; Eni, Phillips-Beck, 2013; Jersky et al; 2016). Māori are expected to conform to western parenting expectations (Stevenson, 2018), which are enforced through policy and whitestream parenting programmes. Some of the young Māori parents in this study lacked understanding of parenting practices associated with te ao Māori. Disconnection from Māori culture and language, whānau and marae were challenges to being able to fulfil their aspirations of parenting. In addition to social support for parenting and financial support for disadvantaged parents, young Māori parents require support that also addresses their cultural needs.

Parenting expectations and programmes would benefit from including indigenous knowledge, practices and experiences associated with parenting (Ratima & Crengle, 2013). Māori may require an approach founded on Māori concepts that values and promotes reproduction and caregiving. Some recent local attempts to be more inclusive of Māori people and culture by incorporating pregnancy and parenting practices deemed Māori has led to cultural tokenism and appropriation. To appeal to Māori, te reo translations or aspects of Māori culture are added as embellishments to previously developed whitestream solutions often delivered through colonial constructs (Green, 2011; Pihama, 1996). These additions or adaptations often lack in cultural integrity with little underlying cultural knowledge or connection to culture. Consequently, these attempts do little to develop positive identity or improve overall wellbeing. While this might address a particular risk factor such as smoking, or appeal to non-Māori who want to connect with a New Zealand identity, tokenism and appropriation may negatively affect the integrity of the initiative and engagement with Māori. This research argues that privileging Māori knowledge, practices and experiences associated with raising tamariki may increase the effectiveness of support and interventions for Māori parents.

Whānau: Supporting the Capacity to Nurture and Care

For most young parents, the family is the main source of support (Brubaker & Wright, 2006; Schrag & Schmidt-Tieszen, 2014). This includes material support (mostly economic assistance and childcare), emotional support and informational support. Similarly, this research found that whānau - as the primary social unit that underpins Māori society - provides an important source of support for childrearing (Morehu, 2005; Ratima & Crengle, 2013; TipeneLeach, Abel, Finau, Park & Lenna, 2000), particularly for young Māori parents

(Rawiri, 2007; Stevenson et al, 2017; 2018). Some friends, neighbours, teachers and health professionals were considered whānau by providing significant support through kin-like connections. This inclusive approach was particularly significant for young mothers who experienced a lack of support from their partner and family during their parenting journey (Kershaw, Murphy, Lewis, Divney, Albritton, Magriples & Gordon, 2014).

Māori concepts and practices are often operationalised at a whānau level, providing the basis for learning about and imparting knowledge, values and beliefs (Morehu, 2005). However, support systems and traditional patterns of childrearing once based within extended whānau have been affected by colonisation and urbanisation. This research found that the young Māori parent's experiences of support from whānau were varied, in both social support as well as cultural support. For example, some young Māori parents felt that their whānau were welcoming of the news of the pregnancy and were well equipped to provide cultural support during the pregnancy, birth and raising the child. These whānau drew on Māori understandings of reproduction and caregiving to celebrate the addition of a new whānau member. Whānau provided experience of caregiving responsibilities and young people were expected to help look after the children within the whānau. This study found that whānau can help to counter the negative influence of stereotyping such as that associated with early parenting and indigeneity, or it can continue to perpetuate the stigma. Positive representations of young Māori parents will support whānau capacity to resist stigma and foster nurturing of both young parents and their children.

Whānau were able to support a young parent in the home but were not always able to protect a young parent outside of the home. In some public spaces such as doctors' clinics, hospitals, childbirth classes, and secondary schools whānau seemed to have less influence and young Māori parents seemed to feel the most scrutiny. At the same time, many whānau still assumed a lack of parenting capability in their young parent and often over-compensated for this supposed deficiency with potentially unwanted and unwarranted help. Some young Māori parents also had aspirations that were not compatible with wider whānau lifestyles. Most youth were living at home while pregnant but moved out of the family home after the birth of their child. While this constrained the availability and accessibility of whānau support, it also minimised any potential negative whānau influence.

Although there was an accepted obligation on whānau to support their young parent, actual support for the young parents was varied due to whānau capacity, resources and ability to resist these dominant assumptions. As previously stated, high rates of Māori deprivation and destruction of traditional support systems, increase the need for additional support. If whānau are key to helping young Māori parents (Clark, Robinson, Crengle & Watson, 2006), then whānau need to be well equipped to provide social and cultural support for early childbearing. Whānau would benefit from more responsive government assistance

that is suited to whānau needs. The inclusion of whānau in the delivery of pregnancy, birth and parenting services will help to foster intergenerational transfer of knowledge, social support systems and collective wellbeing.

The new Whānau Ora (healthy families) policy in Aotearoa New Zealand focuses on improving outcomes for whānau (Te Puni Kōkiri, 2011). Whānau Ora empowers whānau to build on their strengths as opposed to focusing on improving on their deficits. It also promotes whānau-centred practice that supports engaging whānau as opposed to individuals, for optimum health and development. This policy outlines a range of outcome areas that will be necessary to achieve the gains for whānau. While all the outcome areas identified will help to strengthen whānau, the outcomes of confidently participating in Te Ao Māori; being economically secure, and cohesive, resilient, nurturing whānau are most relevant to providing support for young Māori parents. A Whānau Ora approach may help to address the stigma associated with early childbearing and being Māori as it is culturally responsive and strengths-based. Addressing the deficit approach and lack of cultural responsiveness of the young parent welfare policy from the Ministry of Social Development, Whānau Ora has potential to better support young Māori parents and their whānau. The role of hapū and iwi in supporting whānau and young Māori parents also deserves further consideration. These findings about stigma, Māori identity and whānau often overlap and combine to structure support contexts that are complex and can be both challenging and conducive for young Māori parents. The implications for policy, practice, and research that supports early parenting, particularly for Māori, are subsequently discussed.

Implications for Policy

Analysis of a current policy that significantly affects young Māori parents requiring support highlighted some key issues for government consideration. Policy approaches such as the social investment approach that narrowly focuses on modifying individual risk factors to change poor outcomes for young parents and their children further stigmatises young parents and does little to address the root causes of these outcomes (Rudoe, 2014). Linking age to poor quality parenting, contributes to undervaluing the contribution of young parents. Caregiving is dismissed as a valid choice (Shoveller, Chabot, Johnson & Prkachin, 2011) and important role within whānau. Targeting a specific 'vulnerable' population based on individual risk factors linked to adverse outcomes will disproportionately affect those already experiencing disadvantage such as Māori in Aotearoa New Zealand (Morison & Herbert, 2018; Humpage, 2006). This is because Māori are over-represented in most negative health and social outcomes. For example, Māori only represent 15% of the total population in Aotearoa New Zealand but are estimated to make up about half of the young parent

population (Families Commission, 2011) and are more likely to require state welfare (Humpage 2016).

Policies which apply a western worldview and policy process to an issue that disproportionately affects Māori is a form of continued colonisation (Green, 2011; Pihama, 1996). This perpetuates institutional racism and contributes to the ongoing surveillance, management, and control of Māori. The failure of these whitestream institutions to improve outcomes for Māori means that they may not be the most appropriate vehicle to continue to deliver policy that effects Māori.

This research provides the following recommendations for policy. All current policy that inequitably affects Māori should be carefully considered regarding further perpetuating colonising agendas or contributing to further marginalisation. Māori should be treated as more than just neutral consumers of a policy (Whitinui, 2011). The United Nations Declaration of the Rights of Indigenous Peoples, He Whakaputanga o te Rangatiratanga o Nu Tirenī, and Te Tiriti o Waitangi guarantee rights for Māori involvement in decision making and policy that affects them. When a policy disproportionately affects Māori, there is more impetus for Māori to be a key part of the solution. Māori need to be involved in the identification of the issue, and the development, decision making, implementation and evaluation of a solution. Māori rights, experiences and understandings should inform the policy and Māori approaches should be privileged as potential solutions. Whānau, hapū, iwi and Māori organisations may be better suited to implement Māori initiatives to support young parents, than government.

In the absence of a dedicated strategy to better support young Māori parents, a critical and deconstructive consideration of whether teen pregnancy is universally and consistently detrimental to women, children and society in policy would be useful. Instead of framing young Māori parents as victims of their own bad choices and treated as dependant consumers of state welfare (Humpage, 2016) policy could address the challenges of parenting in poverty and amongst ongoing colonisation, racism and discrimination. A broader policy approach to addressing social and structural inequalities would address the determinants of cultural and social exclusion (Humpage, 2016; Rudoe, 2014; Wilson & Huntington, 2006). This would include the right to reproductive justice (Green, Tipene & Davis, 2016; Morison & Herbert, 2018) and adequate economic and material resources without state surveillance, forced interventions and discriminatory conditions based on age. Policy need not define young parents as 'at-risk' in order to be eligible for support. Age need not be used to define parenting capability. Government support could be made available to all parents regardless of their age, socioeconomic status or predicted failures. Caring for children can be viewed as a valuable activity regardless of whether it is in a formal childcare setting or by a young parent in the home. Rather than concerning itself with reduction of risk,

policy can build lifelong capability by leveraging off young people's strengths and resilience, particularly as young parents.

Robust evidence including critical, qualitative and culturally responsive methods to evaluate the effectiveness of these policies, would determine whether these policies are culturally appropriate, beneficial and improve outcomes for young Māori parents and their children. Government can be an integral part of the formation of a powerful and pioneering discourse on early parenting for Māori, by authoritatively reinforcing constructions that support parenthood as a valued part of whānau, of Te Ao Māori and of society.

Implications for Practice

The prevailing deficit approach to early parenting discussed earlier produces stigmatisation towards young mothers by health and social service professionals (Breheny & Stephens, 2007; Brand, Morrison & Down, 2014; Ellis-Sloan, 2014; Harrison, Clarkin, Rohde, Worth, Fleming, 2017; Nayak & Kehily, 2014). This stigma affects the relationship between young parents and support people (Breheny & Stephens, 2007; Conn, de Figueiredo, Sherer, Mankerian & Iverson, 2018). This research found that these misconceptions incite a punitive approach that scrutinises young Māori parents and enforces expectations of western parenting. In response, young Māori parents distance themselves from stereotypical behaviour - sometimes quite strategically - and seek to redeem themselves by demonstrating attributes of 'good' parenting. This may make it difficult for young Māori parents to reveal behaviours that could be improved and ask for help. It may also mean that young Māori parents may struggle to disclose ambitions that may not align with western parenting expectations or give honest feedback about their satisfaction of the support provided. Young Māori parents value being able to choose the support they receive and, when ready, to be supported to parent for themselves. In order to know if support is useful or not for young Māori parents, will require robust co-design and evaluation. A confidential process for providing feedback is pivotal. This would include an assurance that any issues raised will be sufficiently addressed until the young parent is satisfied. Young Māori parents need to be involved in the development and delivery of services for them.

For individuals supporting young Māori parents, there is a need to understand the systems and institutions that maintain these negative assumptions, the pervasiveness and effects of these misconceptions on their relationship with young parents, and how young parents experience support. These assumptions can frame any support as helpful and contributing to better outcomes, regardless of how disempowering, ineffective or culturally inappropriate the care might be, especially for young Māori parents. Even the most well-

intentioned support often implicitly reinforces judgements about being young, Māori and requiring support, and does little to enhance the mauri or mana of young Māori parents.

In order to ensure support is non-judgemental, empowering, effective and responsive, people who provide support to young Māori parents need examples of the diverse realities, challenges and resilience of being a young parent in today's society. Reading stories such as those presented in this thesis is a start, although seeking the stories of local or known young Māori parents could be more relevant. In-depth insight leads to greater understanding and empathy. Such an approach needs to include proactively refuting negative stereotypes and promoting positive representations of early parenting and being Māori. Acknowledging historical trauma associated with colonisation, particularly the effects on whānau support structures and, pregnancy and parenting practices is important for healing. Previous judgemental and discriminating interactions from supporting professionals will also need to be addressed. Valuing the parenting role of young parents, identifying their aspirations and leveraging off their strengths will support young parents to develop positive identities, enhance their wellbeing, and contribute to their whānau and society (Aparicio, Pecukonis, & Zhou, 2014; Graham, 2018).

Young Māori parents are proud to be Māori and want their child to develop a positive Māori identity. Some may need support to fulfil their cultural aspirations, particularly if this expertise is not available within their whānau (Graham, 2018). Support therefore needs to be culturally responsive and whānau-centred. This research supports increasing, investing in, and training the Māori health and supporting workforce. The application of Māori models will ensure cultural competence in supporting professionals and culturally appropriate support for young Māori parents. There are Māori models such as kaupapa Māori theory, tikanga, whānau ora and mana-enhancing approaches (Hollis-English, 2017). There are also Māori health promotion models such as Te Whare Tapa Whā, Te Pae Mahutonga, Te Wheke, Kia Uruuru Mai a Hauora, as well as a more specific Māori infant and maternal health model Te Hā o Whānau (Stevenson 2018) and a Māori sexual and reproductive health model of Pōhiri (Green, Tipene, & Davis, 2016). A lack of cultural responsiveness such as the token use of Māori words with limited proficiency in Māori language or partial implementation of practices without the underlying knowledge may hinder the effectiveness of the support. The places in which support is provided for young Māori also need to be culturally conducive and youth friendly.

Effectively engaging young Māori parents and their whānau and transforming Māori infant and maternal health outcomes and experiences, requires more than just addressing risk factors and inequities in individual health and social outcomes. It requires a broader more holistic and culturally conducive approach that addresses the structural and social determinants of early childbearing, values parents regardless of their age, ethnicity or

socioeconomic status, strengthens identity as Māori, is whānau-centred, and is culturally responsive.

Research Limitations and Recommendations

This study was exploratory in nature due to the lack of previous literature about young Māori parents (Pihama, 2010). It provides a foundation and catalyst for further research into more specific experiences of young Māori parents such as with different demographic profiles and different types of support. The majority of the young Māori parents in this study were 16-19 years old when they conceived a child, a common age bracket for teenage parent research (Families Commission, 2011). Most of the young parents had interdependent relationships with their whānau along with some form of independence, such as choosing to continue their education, work full-time, drive a vehicle and live away from home or with a partner, which may have affected their experience of support.

Further research with young Māori parents of different ages, particularly those under 16 years old, will provide unique insight into parenting with different levels of dependence. In Aotearoa New Zealand, 16 years old is the legal age of consent for sex, leaving home without parental consent, living with a partner, working fulltime, gaining a driver's license and consenting to participate in research (amongst other age-defined activities) (youthlaw.co.nz, 2018). Being a minor and legally dependant on a caregiver to provide these necessities or for consent to undertake these activities may affect the experience of parenting and support.

Similarly, research with young Māori parents over the age of 20 years may also produce unique findings as the expectations of autonomy from whānau/self-sufficiency and society may differ and effect their experiences of support. Having a more diverse spread of research with different cohorts, would help to address the assumed dichotomies between young and old, indigenous and non-indigenous and those parents who require state support and those who do not. Nuances in experience between these groups would be highlighted as well as similarities about the experience of parenting such as wanting to feel valued and supported regardless of age, ethnicity or socioeconomic status.

The participants' young age, lack of experience telling their story in a safe and validating environment, and their experiences of stigma and marginalisation affected their storying (Ormond, 2006). Their style of storying was often hesitant with short answers, incomplete stories and ending with comments such as "or whatever", "or you know", "but its fine". However, because of the focus on building relationships and trust crucial to doing research with young people (Brown, 2019; Tipene-Clark, 2005) participants were not reticent in discussing difficult or sensitive subjects such as domestic violence, suggesting a level of openness and self-disclosure. The interview questions were also semi-structured with

optional prompts which was particularly useful in interviews where the young Māori parents struggled to voice their story. A more conservative approach to gathering stories such as expecting the young parent to willingly disclose all their intimate details without the focus on whanaungatanga and kōrero might not have produced as rich results.

Whilst only one formal interview was undertaken with each participant, the kōrero gathered provided an in-depth snapshot of the realities and experiences of those young Māori parents at that time. The participants' circumstances changed rapidly with most aging out of systems or into new age-defined activities. By the end of the study all participants who were still in education had exited the Teen Parent Unit, most had subsequent children, some were in further tertiary education, some had employment, and some were in new relationships. All their personal circumstances had changed markedly from the time of the interviews. Young parenthood can be a relatively short period. From when most young Māori become a parent to when they are expected to mature and be independent and responsible (21 years old according to the welfare benefit) is sometimes only a few years.

The study did not include multiple data gathering events over a period of time. Further interviews may have provided information about how the young Māori parents' experiences changed over time or comparisons in their experiences before or after an event such as the birth of their child. Life course research findings have helped to explain that some disadvantage associated with early parenting is present before conception, and therefore early parenting is not necessary the sole cause of negative outcomes for mother and baby (Graham & McDermott, 2006). Having a child at a young age does not significantly negatively affect the trajectory of those young women most likely to become a young parent (Anwar & Stanistreet, 2015). Further research with a life course approach (Ratima & Crengle, 2012) would capture the influences on the life and wellbeing of young Māori parents before they conceived such as the effects of historical trauma, colonisation and racism, and how these accumulate along with the challenges of early parenting to affect identity as well as health, social and economic outcomes later in life.

Longitudinal research findings have helped to explain that some mothers do catch up with key developmental milestones such as completing education, having a career, owning a house, and being in a stable relationship, although in a different order and a little later in life (Furstenberg, 2003). Despite the challenges, early parenthood provides motivation and purpose for some young women (Barcelos & Gubrium, 2014; Berman, Silver & Wilson, 2007; Clarke, 2015; Kirkman, Harrison, Hillier & Pyett, 2001). People who had children at a young age will always have had more time parenting than their peers who had children later in life. They will also always be younger compared to the parents of their children's peers. Longitudinal research with young Māori parents that follow them as they move through different life stages as parents would reveal how stigma associated with age,

ethnicity/indigeneity and socioeconomic status changes or potentially remains the same. It would also identify moderators and mediators that influence parent-child outcomes.

This study focused on parenting and was inclusive of fathers, step/co-parents, and partners. Parenting is more than biologically producing a child; it encompasses all the responsibilities and activities of raising a child and can include sharing these duties with another parent. Some of the young parents who were in a relationship interviewed as couples and shared unique *kōrero* about working together, supporting each other, and sharing the duties. However, most of the participants were mothers, which produced a significant focus on mothering experiences such as being pregnant, in labour, giving birth and breastfeeding. The findings support other similar research about *tikanga* and support from *whānau* contributing to positive experiences of mothering, and challenges of positively identifying with a Māori parenting identity (Goodwin, 1996; Rawiri, 2007; Stevenson, Filoche, Cram & Lawton, 2016). In addition to the recent formative study with young Māori fathers by Elkington (2018), further research is required to more fully understand the transition to fatherhood, while also being young and Māori, and their unique experiences of support.

The participants had to self-report as Māori as an eligibility criterion to participate in the study which may have meant that Māori culture and identity were more significant to this group, and therefore more evident in the findings. Today's Māori youth are growing up in diverse realities (Ware, 2010). Some have been brought up in the Māori cultural revitalisation movement and attended total immersion Māori language schooling, while others have grown up in multi-generational urbanised households. Further research could explore the experiences of parenting with young parents who do not have a secure Māori identity, although it may be difficult to recruit such participants if the research is about being Māori.

The complex findings about Māori identity may also not have been as extensive without the Māori analytical framework grounded in *mātauranga*, applied by a Māori academic. *Karakia*, *pūrākau*, *whakataukī*, *Te Tiriti o Waitangi*, *tikanga*, and *te reo* were drawn upon in this study to provide an understanding of *whānau* and caregiving. The extent to which these bodies of Māori knowledge were discussed was limited partly by the medium of the English language, the word limit of a thesis, and the intent to briefly orient the reader within a Māori worldview. A more comprehensive examination of these Māori bodies of knowledge, in the Māori language would provide a more profound understanding of Māori beliefs and practices relevant to raising children. There are also many other Māori bodies of knowledge such as *waiata* (song) and *whakairo* (carving) that could be researched for further understanding about raising children. For example, research by the late Māori knowledge repository Amster Reedy about *oriori* (Māori lullabies) from his own tribe and in the Māori language contribute to the revival of Māori childrearing traditions.

The research was situated in the Manawātū, predominantly in the small city of Palmerston North. While the local MidCentral district is semi-rural, it also has the fifth highest teen pregnancy rate in New Zealand. It also has high deprivation levels among the youthful Māori population which make up just over 20% of the population, slightly higher than the national average (MidCentral District Health Board, 2016). The region also has a Teen Parent Unit providing alternative secondary education, an army base, and other well-established youth services. Recruiting the participants through local youth friendly services meant that most of the young Māori parents were already engaged in some support services and activities to further themselves such as education and parenting programmes. All of the young parents talked about multiple examples of support. None of them talked about having no support or feeling entirely alone or isolated. These local and contextual influences highlight the ways that place and context shape these understandings.

The study did not include a focus on specific support services or evaluation of delivery or practice within those services. Further research about specific supports would reveal services that are effective at engaging with and supporting young Māori parents, and services that could improve. Research with young Māori parents who are not already engaged in potential support such as education, training or employment, live rurally, and are disconnected from whānau or in state care would target those most excluded and in need of support. However, they may also be hard to reach so targeting such young people before they become excluded and a parent would be more useful.

This research included an analysis of the then to be introduced Young Parent Payment as a government policy that specifically targets young parents who are disproportionately Māori. Fortunately, the young Māori parents who participated in this research were not all on welfare, nor were they affected by this new benefit. Those who were receiving a benefit, were still under the previous social welfare arrangements which although required less conditions, similar concerns were expressed. Although the 2017 Labour coalition government is reviewing the welfare system, research with young Māori parents who have received the YPP is required to help to improve welfare provision for young Māori parents, who are disproportionately reliant on state support. Young Māori parents need opportunities to speak in and through our research to work against the considerable social inequalities, racism, stigmatization and marginalization they face.

Personal Journey and Research Reflections

At the beginning of this research I had a one year old son and was still reasonably new to parenting. Within the first year of study I conceived my second son and so decided to undertake all the data collection before I welcomed him into this world in December and my life got even busier. Learning how to look after two children took time before I got back into

the research. I made a commitment to prioritise my children but also to not let having children constrain undertaking the research. Breastfeeding meant that my babies have accompanied me, and I have been fortunate to be able to take my children with me to university, to meetings with supervisors and to conference presentations. I have presented on the research at over ten different occasions. A fond memory is of my second son as a nine month old being looked after by some very understanding young Māori parents while I presented at the Inaugural Teen Parent Support Conference in Auckland, New Zealand in September 2014. I took my oldest as a four year old to the University of Hawaii, Manoa to present at the Native American and Indigenous Studies Association Conference in Honolulu, Hawaii. He listened to a range of presentations and discussions about Indigenous issues and solutions and made new friends with Indigenous scholars. In this way, this research has helped to shape me as a parent and has also been a part of my children's lives.

I have also had to juggle multiple priorities with my studies. Along with being pregnant, breastfeeding and having young children to look after, I have also worked fulltime and been active in improving local services for young Māori parents. In 2016 I became involved with improving local District Health Board maternity services as a Māori consumer representative. In the same year I helped to initiate a collective of local individuals and organisations who support birthing whānau by teaching them how to weave their own wahakura. This work directly with birthing whānau and health professionals has enabled me to share findings from my research and apply some of the recommendations. It has taught me much about health service delivery, health professional competence, community, Māori practices and Māori aspirations not normally part of academic pursuits. However, it has also diverted some of my time and energy away from the academic requirements of completing a thesis. The birth of my third child early in 2018 also significantly delayed completion of the thesis and then there was a global pandemic in 2020.

Summary

An examination of the historical, cultural, political and social contexts that influence early parenting for Māori reveals similar issues to those experienced by other young parents, as well as significant additional challenges and resources unique to their set of circumstances. The extra difficulties of being a member of an indigenous peoples still suffering colonisation and racism, and overrepresented in socioeconomic disadvantage and ill health, further exacerbate the stigma and negative outcomes associated with early parenting. Young Māori parents have more impediments than their non-indigenous peers to overcome and may need more support in order to do so.

This research revealed stigma and stereotyping associated with being young, a parent, and receiving welfare similar to findings from other research with young parents. However, young Māori parents also experience negative stereotyping associated with Māori ethnicity. The combined result of this stereotyping constructs Māori youth as both more likely to become a parent, as well as the least suitable type of parent. This dual stereotyping primarily affects young Māori mothers and is employed to justify prevention efforts, including preventing subsequent pregnancies, and punitive welfare conditions. Particular parenting expectations that may undermine Māori beliefs about childrearing are also enforced.

The findings have demonstrated that these negative assumptions are perpetuated in deficit based research, government rationalities, and to some extent whānau responses. This pathologising has real consequences for the way young Māori parents feel supported or not. Young Māori parents and their whānau, like other young parents, find ways to resist this deficit framing. Māori can draw on counter narratives about early parenting that may not be available to non-Māori. Māori understandings of reproduction, raising children and whānau celebrate a new baby as an extension of whakapapa and do not necessarily frame the age of the parents as an issue. Young Māori parents navigate the sometimes incongruent views of society and Te Ao Māori in their own account of raising children. Whilst dominant narratives constrain whether they will ever be considered the 'right' parent, Te Ao Māori beliefs help them to feel valued in their role as whakapapa nurturers and contributing whānau members. Māori people's distinct right to mātauranga and tikanga about raising children is protected in national and international agreements such as Te Tiriti o Waitangi and the UNDRIP.

To better support young Māori parents requires an approach that can take into account the unique historical, cultural, political and social contexts that influence being a parent whilst also being young, Māori and requiring help. A proactive approach would address disadvantage before Māori youth become parents, in order to prevent exacerbating inequalities. Such an approach would also need to halt further colonising activities and focus on opportunities to heal from historical and intergenerational trauma inflicted by colonisation and racism. Local indigenous people to Aotearoa New Zealand, and their authority, knowledge and experience would need to be prioritised. Te Tiriti o Waitangi provides full recognition to Māori rights of self-determination and raising children and would provide the foundation. The authentic promotion of mātauranga, tikanga and te reo associated with pregnancy, birth and parenting would help to develop a positive Māori identity. A critical deconstruction of the negative assumptions about young parents and Māori, particularly those who are overrepresented in requiring assistance would be integral.

The findings of this research are relevant to all people responsible for the outcomes of young Māori parents and will help to inform better research, policy and practice. Although many of the participants were mothers, the focus was on parenting. The findings may also

have relevance more broadly to fathers, young parents, Māori parents and parents in general. Government, community, health and supporting professionals, iwi, and whānau all have important roles in supporting young Māori parents to develop positive identities, to reach full potential and to raise their children.

Glossary

Āhuatanga	Attributes
Aotearoa	New Zealand
Aroha	Love
Atua	Deity, primal energy source
Awhi rito	Two surrounding leaves either side of rito
Hapū	Pregnant, sub-tribe
Harakeke	Phormium Tenax (Native plant)
Hineahuone	First female formed out of earth
Hineraukatamea	Deity of entertainment
Hineraukatauri	Deity of music
Hineteiwaiwa	Deity for female arts
Hine-Tītama	Daughter of Hineahuone & Tāne Mahuta
Hue	Gourd
Ipu whenua	Container for a placenta
Iwi	Tribe
Kapa haka	Māori performance
Karakia	Ritual incantation
Kaupapa	Topic, subject, theme
Kaupapa Kōrero	Māori narrative approach
Kaupapa Māori	Principled Māori approach
Kōrero	To talk, account
Kōrero paki	Story
Kōrero tuku iho	Story
Mana	Spiritual vitality
Māori	Indigenous to New Zealand, normal
Marae	ceremonial gathering place
Mātua	Parents
Mātauranga	Knowledge and understanding
Mokopuna	Grandchild
Mōteatea	Chant
Oriori	Lullaby
Pakiwaitara	Story
Papatūānuku	Mother earth
Pito	Naval, Umbilical cord
Pōwhiri	Ceremonial welcome

Pūrākau	Narrative, story, account,
Ranginui	Sky father
Rāranga	To weave, weaving
Rito	Central shoot
Rongomaiwahine	Prestigious female ancestor
Tamariki	Children
Tāmoko	Ink markings on skin
Tāne Mahuta	God of the forest
Tāniko	Design
Taonga tuku iho	Māori knowledge
Tapu	Sacred
Tauīwi	Non-Māori
Te Ao Māori	Māori worldview
Te Ao Whānui	New Zealand and global society
Te reo Māori	Māori language
Tikanga	Māori values
Tōna ake ao	Personal experience
Tōna whānau	Significant relationships
Tupuna	Ancestor
Tupuna rau	Outer leaves
Tūrangawaewae	Place of belonging
Ūkaipō	Night-feeding breast
Uku	Clay
Waiata	Song
Wairua	Spirituality
Wahakura	Woven basket for sleeping baby
Whaikōrero	Formal speech
Whakairo	Carving
Whakamā	Embarrassed, shamed,
Whakapapa	Ancestry
Whakataukī	Extended family, to be born
Whānau	Proverbial saying
Whanaungatanga	Relationship building
Whare tangata	Womb, nurturers of future generations
Whenua	Land, placenta, afterbirth

Appendices:

Appendix A: Submission to The New Zealand Government on The Information Sharing Agreement of The Youth Service.

Introduction

In 2016 the Ministry of Social Development's Youth Service expanded to include youth aged 18 and 19 years old. As a result, the Ministry wanted to make changes to the information sharing arrangements between the Ministry of Education (MoE), Department of Corrections and Ministry of Social Development (MoSD). The previous agreement to share information between the MoE and MoSD had been authorised in Section 123G of the Social Security (Youth Support and Work Focus) Amendment Bill. It authorised the MoE to use national student numbers to gather information about school leavers and people who leave tertiary education or training and share this with MoSD. This information is then matched with information held by MoSD in order to implement the risk profiling required to identify those school leavers most likely to come onto a benefit at age 18 for the Youth Service. It overrode Principles 10 and 11 of the Privacy Act 1993 (MoE & MoSD, 2012).

The government drafted a proposed extension of the Approved Information Sharing Agreement. Submissions were invited to the public. As the new agreement would also affect young Māori parents, I submitted my concerns about the underlying rationalities of the agreement, and the Youth service, particularly for young Māori parents. The written response from the Ministry illustrates the embedded nature of government rationalities discussed earlier.

To:

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Ministry of Social Development
P O Box 1556
Wellington 6140
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Re: Youth Service Extension Project

Date: Friday 29th April 2016

From: Felicity Ware, Mary Breheny, and Margaret Forster
Email: Whanaukopepe@gmail.com

CC:

Marama Davidson (Green Party) Member, Māori Affairs Committee, Spokesperson,
Māori Development and Human Rights

Catherine Delahunty (Green Party) Spokesperson, Human Rights and Te Tiriti o
Waitangi

Jan Logie (Green Party) Member, Social Services Committee, Spokesperson, Social
Development

Metiria Turei (Green Party Co-Leader) Spokesperson, Inequality.

Kelvin Davis (Labour Party) Member, Māori Affairs Committee and Spokesperson,
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Nanaia Mahuta (Labour Party) Deputy Chairperson, Māori Affairs Committee and
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Adrian Rurawhe (Labour Party) Member for Te Tai Hauāuru

Carmel Sepuloni (Labour Party) Member, Social Services Committee and
Spokesperson, Social Development.

Marama Fox (Māori Party Co-Leader) Member, Māori Affairs Committee

Matt Doocey (National Party) Deputy Chairperson, Social Services Committee

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Hon Te Ururoa Flavell (Māori Party Co-Leader) Minister for Māori Development,
Minister for Whānau Ora

Hon Nikki Kaye (National) Minister for Youth

Hon Chester Burrows (National Party) Member, Māori Affairs Committee

Tutehounuku Korako (National Party) Chairperson, Māori Affairs

Joanne Hayes (National Party) Member, Māori Affairs Committee

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Affairs

Alfred Ngaro (National Party) Chairperson, Social Services Committee

Jono Naylor (National Party) Member, Social Services Committee

Hon Anne Tolley (National Party) Minister for Social Development

Submission arguments

This submission does not support the new information sharing agreement or the overall Youth Service for the following reasons.

- Makes negative assumptions about being young and requiring financial assistance.

- Lacks any justification for breaching privacy and human rights.
- Takes a deficit focus to predictive risk modelling which problematizes Māori ethnicity and early parenting.
- Lacks any consideration of the effects of this policy on Māori or culturally appropriate solutions.
- Takes a limited focus on manipulating individual behaviour rather than addressing broader structural determinants of inequalities.

1. The Youth Service draws on negative assumptions about young people as at risk and financially incapable to justify monitoring young people more closely. Young people are treated differently from older beneficiaries and people not requiring financial assistance. Western beliefs about adolescent development are used to cast young people as vulnerable to negative outcomes such as welfare dependency and emphasise their lack of capacity to make rational and responsible decisions (Breheny & Stephens, 2007; Graham & McDermott, 2005; Wilson & Huntington, 2006). There is little or no recognition of the strengths and resilience of young people or their valued contribution to their communities as promoted by the Ministry of Youth Development.

2. The information sharing agreement lacks justification for breaching privacy and human rights. The justification for breaching information privacy principles (2, 10 and 11) and the human right to freedom from discrimination is based on predictive risk modelling rather than in response to specific behaviour. Gathering information about 'risk factors' is a way of identifying specific targets for surveillance. This surveillance and monitoring of young people is based on potential for social disruption rather than in response to social disruption. Focusing on young people as 'at-risk' of lifetime exclusion has little to do with building healthy trusting relationships or positively "engaging and supporting young people" (4.2a draft Information Sharing Agreement) to reduce long-term benefit receipt or achieve their full potential.

3. There is a lack of consideration of the effects of the Youth Service on Māori or any commitment to developing culturally appropriate solutions. The predictive risk modelling disproportionately affects young Māori. "Young Māori women account for around half of all teenage pregnancies, and approximately 41 per cent of all women receiving the Domestic Purposes Benefit" (WWG, 2011, p 45). The model also explicitly identifies Māori ethnicity and early childbearing as risk factors or barriers that may prevent participation in education, training or employment (Ball, Tumen, Crichton, Templeton, Ota & MacCormick, 2016).

Despite the recognition of the *proportion* of young beneficiaries who are Māori there is a lack of consideration of Te Tiriti o Waitangi, culturally appropriate solutions and whānau ora. Māori are positioned as part of the problem as consumers of this policy but are not considered as part of the solution in developing policy that significantly affects Māori. This approach contributes to the negative representation of Māori ethnicity as a 'risk' or 'problem' (Green, 2011; Humpage, 2016) and does not align with Te Puni Kōkiri: The Ministry of Māori Development's vision of Māori succeeding as Māori. Furthermore, if the same risk model criteria are used to determine whether a young person is deemed at (further) risk and therefore streamed to the Youth Service Extension then the Youth Service will continue to unfairly and disproportionately target young Māori (parents).

4. The information sharing agreement focuses on manipulating individual behaviour (with compulsory social obligations and financial sanctions), rather than addressing broader structural inequalities that produce the negative outcomes. This limited focus on responsibilities emphasises citizenship based on economic participation via education. Social inclusion is viewed as impossible in the context of long-term welfare dependency (Humpage, 2016; O'Brien, 2012, 2013). This rhetoric of individual responsibility for wellbeing and economic productivity ignores the broader historical, structural, social, and cultural inequalities of social assistance, particularly for Māori. Socioeconomic deprivation, entrenched inequalities in health and education, colonialism, racism and ageism are implicated in the opportunities for young people. Viewing social exclusion simply as intergenerational welfare dependency and responding through social obligations and surveillance does not address these entrenched inequalities.

Recommendations

Government 'support' for young people can do more than just focus on economic self-sufficiency via education and leveraging social outcomes with financial sanctions. Instead of sharing information about risk factors with the Ministries of Health, Education and Justice, the Ministry of Social Development could collaborate with the Ministry of Youth Development and Te Puni Kōkiri and support a consistent approach to valuing young people and Māori development.

Policy should:

- Recognise the importance of acceptance and social connectedness to developing the capabilities and potential of young people.
- Recognise young people's right to social justice and to receive adequate economic and material resources when necessary.

- Recognise young people's right to privacy and human right to freedom from discrimination.
- Offer the Youth Service to all young people and make its use (and social support) voluntary.
- Build trusting relationships between the state and its citizens as demonstrated between Youth Service employees and Youth Service consumers.
- Recognise Māori rights as indigenous peoples to self-determination. This includes the right to be Māori without being defined as a risk or a problem.
- Engage Māori leadership to develop culturally appropriate policy that significantly affects Māori. For example, is reducing long-term benefit receipt a priority for Māori or are there more important priorities?
- Address broader structural determinants of inequalities for young people and Māori particularly in health, education, justice and welfare. Address the on-going effects of colonisation, racism and ageism that produce social exclusion.

Summary

Supporting young people to develop a strong positive identity as valued members of our society is important for all. This goes well beyond monitoring young people to reduce long term benefit dependency. The information sharing agreement proposed, views young people as a threat rather than an asset to our communities and will consequently not help young people to develop a strong sense of value and contribution to communities and New Zealand society. I strongly encourage you to take into consideration these points and my submission during your assessment of the suitability of the new information sharing agreement and any further evaluations of the Youth Service overall.

Response from the Ministry of Social Development to My Submission



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

26 July 2016

Dear Felicity Ware, Mary Braheny, and Margaret Forster,

RESPONSE TO SUBMISSION ON THE DRAFT YOUTH SERVICE APPROVED INFORMATION SHARING AGREEMENT

Thank you for your submission dated 29 April 2016 on the draft Youth Service Approved Information Sharing Agreement (AISA).

A number of the points that you raise in your submission relate to government policy and the intent of the Youth Service and are beyond the scope of the AISA.

The AISA is focussed on facilitating information sharing between government agencies to assist the Ministry of Social Development (MSD) to identify the right young people who would benefit most from the wraparound support that the Youth Service provides. In particular, the AISA enables information to be shared for the purposes of risk modelling for young people who are NEET (not engaged in education, employment or training) and to identify 18 and 19 year old beneficiaries who are at significant risk of long-term benefit dependency. The Social Security (Extension of Young Persons Services and Remedial Matters) Amendment Bill (the Bill) enabled the extension of the Youth Service to this cohort.

There is a strong case to provide the Youth Service to young beneficiaries under the age of 20 years who are at risk of being on a benefit long-term. Evidence shows that they are likely to remain on benefit long-term if they do not receive the support they need. The Youth Service provides an early intervention and intensive wraparound support to help these young people build life skills and engage with education or work. This is both an opportunity to assist them to get on a better life pathway and to reduce the future liability to the taxpayer.

You raised concerns about the AISA and consistency with human rights and privacy rights. Please note that the Bill was vetted by the Ministry of Justice (MoJ) who concluded that the Bill is consistent with the New Zealand Bill of Rights Act. The MoJ advice can be found online at: <http://www.justice.govt.nz/policy/constitutional-law-and-human-rights/human-rights/bill-of-rights/social-security-extension-of-young-persons-services-and-remedial-matters-amendment-bill>

The Privacy Commissioner's office supported MSD to develop the AISA and it has been designed to protect the privacy of Youth Service clients. The Privacy Commissioner has endorsed the draft AISA and noted that it meets the requirements set out in Part 9A of the Privacy Act 1993.

The Social Services Committee also considered privacy matters relating to information sharing for risk modelling when considering the Bill. The Social Services Committee recommended that the Bill be amended to include a requirement to consult with young people about their referral to the Youth Service after they have been risk assessed. This will better protect young people's privacy and autonomy by allowing them the opportunity to discuss the information MSD has about them, and their provider can put forward a recommendation to amend their risk rating if it is appropriate.

The Social Services Committee's report on the Bill is downloadable online at:

http://www.parliament.nz/en-nz/pb/sc/documents/reports/51DBSCH_SCR68064_1/social-security-extension-of-young-persons-services-and

You also raised concerns about the risk factors that may be used for risk modelling (in particular childbearing and ethnicity) and the impact this has on young people, especially for young Māori.

The risk model is a tool that looks for patterns in historical data to estimate the likelihood of long-term future benefit receipt, to support the identification of young people who would benefit most from the wraparound support that the Youth Service provides.

MSD can confirm that the AISA does not enable sharing of data about youth childbearing. The Bill extends access to the Youth Service to all young parents up to the age of 19 years, and they will not be risk assessed. This will enable a broader group of young parents to engage with the Youth Service, participate in parenting education programmes and strengthen their parenting skills, improving outcomes for both themselves and their children.

Whilst the AISA authorises the sharing of data between agencies on the ethnicity of young people, ethnicity data is not intended to be used for risk modelling. MSD can confirm that the preliminary risk model for the Youth service extension does not include ethnicity as a risk factor. The risk model is still being developed but it is likely to use data about young people's education levels, previous contact with Child, Youth and Family, and their reason for leaving school.

The Social Services Committee recognised that the factors used in risk modelling are not transparent in the Bill and also considered that the flexibility is desirable to allow the risk model to be updated easily when new data or techniques become available. To address these concerns, the Social Services Committee recommended that the factors for determining risk of long-term welfare dependency are set by Ministerial Direction.

We note your concerns around the cultural appropriateness of the Youth Service. When selecting providers to contract for the Youth Service, MSD gives regard to the ability of providers to provide a culturally appropriate service. Youth Service providers have a background in engaging with young people from diverse backgrounds and cultures.

You also raised a concern about creating a certain perception of young people as risky or problematic to society. MSD is concerned for the wellbeing of young people and has no intention to stigmatize young people as a result of risk modelling processes.

We hope that we've addressed satisfactorily the points that you've raised in your submission.

Yours sincerely



James Poskitt

General Manager
Operational Performance
Ministry of Social Development



Sacha O'Dea

General Manager
Working Age Policy
Ministry of Social Development

Discussion

The MSD response confirms some key underlying assumptions about young people who need financial assistance. It judges young people in terms of their need for support (para 3). It reinforces dominant western life course trajectories by associating a “better life pathway” (para 4) with particular social outcomes such as education and employment and therefore disparages other life pathways that include a need for social assistance. This response reinforces an economic approach to social investment by framing young people who require social assistance as financial burdens and a threat to society who need to be targeted to “reduce the future liability to the taxpayer” (para 4). It treats young people as incapable of being responsible and self-determining as indicated by only having a “requirement to consult with young people about their referral to the youth service after they have been risk assessed” (para 7). Young people are not consulted before they are assessed and their ability to change their risk rating is dependent on their provider putting forward a recommendation. Furthermore, the claim that the Youth Service is extended to all young parents and enables engagement with social interventions dismisses the compulsory nature of the social obligations, the financial sanctions for non-compliance and young people's right to social justice and financial assistance when required.

MSD fails to justify its claims that risk-modelling and compulsory social obligations reduce long-term benefit dependency (specifically for young parents and for Māori) and therefore fails to justify the AISA. MSD fails to provide any evidence that:

1. Information sharing between government agencies assists with fair, equitable and culturally appropriate targeting of interventions (that does not unfairly or disproportionately target Māori and young parents).

2. The “early intervention and intensive wraparound support” (compulsory social obligations) enforced by AISA are appropriate, beneficial and will improve outcomes in education, health, financial literacy and parenting and reduce the number of years on a benefit, particularly for Māori and young parents.

3. The interventions are culturally appropriate and do not further disadvantage or marginalise Māori.

The Youth Service Evaluation (June 2014) and the Net Present Value (NPV) which measures the predicted change in lifetime costs to the welfare system should provide evidence to support the Youth Service, its extension and the AISA. However, according to the evaluation, the NPV still cannot be determined for young parents or Māori specifically. Furthermore, there is no evidence that the Young Parent Payment reduces the number of years on a benefit, reduces long term financial/material hardship, or significantly increases outcomes for children (MoSD, 2015; 29). A brief review of outcomes for Māori in key social development areas, particularly health, education and welfare, suggests that the current systems are not working favourably to reduce disparities or improve the situation for Māori. The MSD response completely evades addressing some of the key points raised in the submission because “they relate to government policy and the intent of the Youth Service and are beyond the scope of the AISA” (para 2). MSD did not address the disproportionate and negative effects of this policy on Māori and the limited focus on manipulating individual behaviour rather than addressing broader structural determinants of inequalities. MSD’s failure to provide evidence and address these key underlying assumptions with the Youth Service, undermines their claim that the AISA is based on effective policy. Conversely, it strengthens the case that the AISA is merely an extension of the punitive and discriminatory nature of the Youth Service, which disproportionately affects young parents and Māori. The next section Te Pō explains the approach this research undertook to seek out the experiences of support of young Māori parents.

Appendix B: Statement of contribution doctorate with publications Article

1

DRC 16



MASSEY UNIVERSITY
GRADUATE RESEARCH SCHOOL

STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of candidate:	Felicity Ware	
Name/title of Primary Supervisor:	Associate Professor Mary Breheny	
Name of Research Output and full reference:		
Ware, F.J.R. (2014) Welfare issues: A culturally appropriate and family focused approach to support for young (non-Indigenous) parents. <i>Journal of Indigenous Social Development</i> , 3 (2). http://dx.doi.org/10.1080/14497031.2014.944773		
In which Chapter is the Manuscript /Published work:	Chapter 1 & 2	
Please indicate:		
• The percentage of the manuscript/Published Work that was contributed by the candidate:	100	
and		
• Describe the contribution that the candidate has made to the Manuscript/Published Work:		
The candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter.		
For manuscripts intended for publication please indicate target journal:		
Candidate's Signature:		
Date:	07/06/2019	
Primary Supervisor's Signature:		
Date:	07/06/2019	

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Appendix C: Statement of contribution doctorate with publications Article

2

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STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of candidate:	Felicity Ware		
Name/title of Primary Supervisor:	Associate Professor Mary Breheny		
Name of Research Output and full reference:			
Ware, F., Breheny, M & Farrow, M. (2017). The politics of government 'support' in Aotearoa/New Zealand: Reinforcing and reproducing the poor citizenship of young Māori parents. <i>Critical Social Policy</i> , 37 (4)			
In which Chapter is the Manuscript /Published work:		Chapter 3	
Please indicate:			
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 		100	
and			
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 			
The candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter.			
For manuscripts intended for publication please indicate target journal:			
Candidate's Signature:			
Date:	07/06/2019		
Primary Supervisor's Signature:			
Date:	07/06/2019		

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Appendix D: Statement of contribution doctorate with publications Article

3

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STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

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Name of candidate:	Felicity Ware
Name/title of Primary Supervisor:	Associate Professor Mary Breheny
Name of Research Output and full reference:	
A.E. (2011). Reproducing the precarious position of young Māori mothers in Aotearoa/New Zealand, in: <i>Presently: Uncertain, insecure and unequal lives in Aotearoa New Zealand</i> (Eds) Grant, S., Gifford Van Greven, C., & Haines-Austin, B., & Tenebris	
In which Chapter is the Manuscript /Published work:	Chapter 3
Please indicate:	
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 	100
and	
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 	
The candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter.	
For manuscripts intended for publication please indicate target journal:	
Candidate's Signature:	
Date:	07/06/2019
Primary Supervisor's Signature:	
Date:	07/06/2019

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Appendix E: Statement of contribution doctorate with publications Article

4

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Name of candidate:	Felicity Ware		
Name/title of Primary Supervisor:	Associate Professor Mary Breheny		
Name of Research Output and full reference:			
Ware, F., Breheny, M., & Peters, M. (2018). Groupware: a novel approach to narrative inquiry. <i>Advances in International Journal of Intelligence Studies</i> , 14(1), 45–53			
In which Chapter is the Manuscript /Published work:	Chapter 6		
Please indicate:			
• The percentage of the manuscript/Published Work that was contributed by the candidate:	100		
and			
• Describe the contribution that the candidate has made to the Manuscript/Published Work:			
The candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter.			
For manuscripts intended for publication please indicate target journal:			
Candidate's Signature:			
Date:	07/06/2019		
Primary Supervisor's Signature:			
Date:	07/06/2019		

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Appendix F: Statement of contribution doctorate with publications Article

5

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STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of candidate:	Felicity Ware		
Name/title of Primary Supervisor:	Associate Professor Mary Breheny		
Name of Research Output and full reference:			
Ware, F., Breheny, M & Foster, M. (2019). Mana whānau: The challenges of supporting young indigenous parents in Aotearoa New Zealand.			
In which Chapter is the Manuscript /Published work:		Chapter 10	
Please indicate:			
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 		100	
and			
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 			
The candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter.			
For manuscripts intended for publication please indicate target journal:			
Culture, Health and Sexuality			
Candidate's Signature:			
Date:	07/06/2019		
Primary Supervisor's Signature:			
Date:	07/06/2019		

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MASSEY UNIVERSITY
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STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of candidate:	Felicity Ware	
Name/title of Primary Supervisor:	Associate Professor Mary Breheny	
Name of Research Output and full reference:		
Ware, F., Breheny, M. & Forster, M. (2018). Mana mātua: Being young Māori parents. <i>Māi: A New Zealand Journal of Indigenous Scholarship</i> . 7 (1), p 18-30.		
In which Chapter is the Manuscript /Published work:	Chapter 11	
Please indicate:		
• The percentage of the manuscript/Published Work that was contributed by the candidate:	100	
and		
• Describe the contribution that the candidate has made to the Manuscript/Published Work:		
The candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter.		
For manuscripts intended for publication please indicate target journal:		
Candidate's Signature:		
Date:	07/06/2019	
Primary Supervisor's Signature:		
Date:	07/06/2019	

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Appendix H: Request for support and permission to advertise

Whānau kōpepe: Young Māori parents experiences of raising a family

REQUEST FOR SUPPORT AND PERMISSION TO ADVERTISE RESEARCH

~~Nai te mōhi matakui~~ ki a koe nā tēnei uri o Rāhiri, ~~arā~~, nō Ngāpuhi nui tonu.

Kia ora and thank you for taking the time to read my request for support and permission to advertise my research project. My name is Felicity Ware and I am a doctoral student in Māori Studies/Public Health at Massey University. I am doing research on the pregnancy, birth and parenting experiences of young Māori parents in the Manawātū and the supports that will help them to raise a family. My research will also include a stock take of relevant organisations, services and activities in the ~~Manawātū~~ and experiences of key people who work within organisations who deliver services to young Māori parents.

This is a formal invite to support this research by allowing me to inform the people who work in your organisation about my research as well as to advertise the research to young Māori parents who access your organisation. This would include for example allowing me to provide your organisation with a brief explanation of the research (preferably face-to-face), allowing me to attend any group activities you have that include young Māori parents and having an A4 advertisement on your notice board/in your foyer (where young Māori parents may be able to view it). Please see attached advertisement.

The participants I am recruiting are:

1. 20 young Māori parents who identify as Māori, male or female, are under the age of 25 years (as at 01/02/2013), are pregnant or have had a child(~~reo~~) recently (born since 01/01/2010) and live in the ~~Manawātū~~.
2. 10 people with significant experience working with young Māori parents in the ~~Manawātū~~.

Participation will include completion of a short questionnaire and a group discussion of one (1) hour in length, a one (1) hour individual interview and another follow-up group discussion of one (1) hour in length at a place and a time preferred by the participant. It is estimated that the entire research commitment would be about 5 hours spread out over a couple of months.

The group discussions and interview will be audio-recorded. Participants will receive a transcription of the discussions and interview and a summary of the key research findings. Participants will remain anonymous and all information will be confidential in any material published. However, participants will not remain anonymous to other participants as they will meet each other at the group discussion.

Participants will have the right to:

- decline to answer any particular question (during the group discussion, interview or questionnaire);
- withdraw from the study (at any time);
- ask any questions about the study at any time during participation;
- maintain confidentiality
- ~~ask~~ for the recorder to be turned off at any time during the interview.

All participants will be compensated for their time.

The information provided will be stored securely by the researcher and will not be made available to anyone else other than the supervision team. This project has been reviewed by the Massey University Human Ethics Committee: Southern A. If you have any concerns about the conduct of this research, please contact:

Dr Te Kani Kingi (Primary supervisor) Email: T.R.Kingi@massey.ac.nz, Phone: 04-3800621 ext 62191

~~Assoc~~ Prof Cindy Kiro (Co-supervisor) Email: C.A.Kiro@massey.ac.nz, Phone: 09-414-0846 ext 9446

Dr Margaret Forster (Co-supervisor) Email: M.E.Forster@massey.ac.nz, Phone: 06-3569099 ext 7091

I thank you again for your time and look forward to your response.

~~Nāku iti noa.~~

~~Nā~~ Felicity Ware

~~Ngāpuhi~~

Doctoral student, Massey University

Phone: 06-3569099 ext 81683

Mobile: 0273267045

Email: whanaukopepe@gmail.com

Appendix I: Advertisement

Whānau kōpepe: Young Māori parents experiences of raising a family

Nei te mihi matakuiui ki a koe nā tēnei uri o Rāhiri, arā, nō Ngāpuhi nui tonu.

My name is Felicity Ware and I am a doctoral student in Māori Studies/Public Health at Massey University.

I am looking for 20 young Māori parents in the Manawatū to participate in my research about pregnancy (hapū), birth (whānau) and parenting and what supports will help them to raise a healthy family.

If you are interested and fulfil the following criteria:

- a) identify as Māori
- b) male or female
- c) are under the age of 25 years (as at 01/02/2013)
- d) are pregnant or have had a child(ren) recently (born since 01/01/2010), and
- e) live in the Manawatū

Please contact me on:

email: whanaukopepe@gmail.com

Mobile: 0273267045 (text or ring)

Phone: 06-3569099 ext 81683 or

check out [whanaukopepe](#) on facebook for more information.

If you agree to participate you will be required to complete a short questionnaire and attend a group discussion of one (1) hour in length, a one (1) hour audio-recorded individual interview and another follow-up group discussion of one (1) hour in length at a place and a time preferred by you. It is estimated that your entire research commitment would be about 5 hours spread out over a couple of months. You will receive a koha (gift) for your participation.

Whānau kōpepe:
Young Māori parents
experiences of raising a family.
Researcher: Felicity Ware
0273267045
whanaukopepe@gmail.com

Whānau kōpepe:
Young Māori parents
experiences of raising a family.
Researcher: Felicity Ware
0273267045
whanaukopepe@gmail.com

Whānau kōpepe:
Young Māori parents
experiences of raising a family.
Researcher: Felicity Ware
0273267045
whanaukopepe@gmail.com

Whānau kōpepe:
Young Māori parents
experiences of raising a family.
Researcher: Felicity Ware
0273267045
whanaukopepe@gmail.com

Whānau kōpepe:
Young Māori parents
experiences of raising a family.
Researcher: Felicity Ware
0273267045
whanaukopepe@gmail.com

Whānau kōpepe: Young Māori parents experiences of raising a family

INFORMATION SHEET FOR YOUNG MĀORI PARENTS

Nei te mihi matakukui ki a koe nā tēnei uri o Rāhiri. arā, nō Ngāpuhi nui tonu.

Kia ora and thank you for taking the time to read about my research project. My name is Felicity Ware (Fee) and I am a doctoral student in Māori Studies/Public Health at Massey University.

I am doing research on the pregnancy, birth and parenting experiences of young Māori parents in the Manawātū and the supports that will help them to raise a family.

I am looking for the following people to participate in the research:

- a) identify as Māori
- b) are under the age of 25 years (as at 01/02/2013)
- c) are pregnant or have had a child(ren) recently (born since 01/01/2010)
- d) live in the Manawātū

Participation will include completing a short questionnaire and attending a group discussion of one (1) hour in length, a one (1) hour individual interview and another follow-up group discussion of one (1) hour in length at a place and a time preferred by you. You may have your child(ren) and/or a support person with you at the individual interviews. If you cannot arrange to have your child cared for during the group discussions or need to bring them with you (due to personal circumstances such as breastfeeding) please let the researcher know who will try to organise suitable help. It is estimated that your entire research commitment would be about 5 hours spread out over a couple of months. You will receive a contribution in recognition of your time. You will also be provided with information about organizations and key people who provide services and support for young Māori people in the Manawātū.

The interview will be audio-recorded. You will receive a written record of what you said at the interview that you will be able to check before the information is used for the research. Your identity will remain confidential in any material published and you may choose another name for the research. However, you will not remain anonymous to other participants as you will meet them at the group discussion.

The information you provide will be analysed and key findings will be identified. You will receive a summary of these key findings before they are published.

The information you provide will be stored securely by the researcher and will not be made available to anyone else other than the supervision team:

Primary supervisor Dr Te Kani Kingi T.R.Kingi@massey.ac.nz 04-3800621 ext 62191

Co-supervisor Dr Margaret Forster M.E.Forster@massey.ac.nz 06-3569099 ext 7091

You will be offered a copy of your audio recordings. After 10 years all confidential information will be destroyed.

You do not have to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question (during the group discussion, interview or questionnaire);
- withdraw from the study (at any time);
- ask any questions about the study at any time;
- maintain confidentiality
- ask for the recorder to be turned off at any time during the interview.

I look forward to working with you.

Nāku iti nei.

Nā Felicity Ware

Ngāpuhi

Doctoral student

Massey University

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Email: whanaukopepe@gmail.com,

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This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 13/14. If you have any concerns about the conduct of this research, please contact Dr Brian Finch, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 84459, email humanethicsoutha@massey.ac.nz.

***Whānau kōpepe: Young Māori parents
experiences of raising a family***

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: Date:

Full Name printed

Appendix L: Confidentiality agreements

Whānau kōpepe: Young Māori parents experiences of raising a family

CONFIDENTIALITY AGREEMENT

I (Full Name - printed)

agree to keep confidential all information concerning the project Whānau kōpepe:
Young Māori parents experiences of raising a family.

I will not retain or copy any information involving the project.

Signature:

Date:

Whānau kōpepe: Young Māori parents experiences of raising a family

Questionnaire

Kia ora and thank you for participating in my research project. This questionnaire will ask you to share some information about your yourself and your child(ren). It will also ask about the importance of Māori culture and language to you in bringing up your child(ren) and what types of supports are of most benefit to you. Please do not hesitate to ask any questions about the research. You do not have to answer all or any of the questions however your help is greatly appreciated.

All questions contained in this questionnaire are strictly confidential.

Name (First, Last):		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Ethnicity:		Iwi:		
Phone:			Mobile:	
Address:				
Email:				
Facebook page:				
Preferred form of contact (tick)	<input type="checkbox"/> text <input type="checkbox"/> facebook <input type="checkbox"/> email <input type="checkbox"/> landline <input type="checkbox"/> post			

CHILD(REN)

Please fill out for all your children.

Name (First, Last):		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Ethnicity:		Iwi:		
Name (First, Last):		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Ethnicity:		Iwi:		

MAORI LANGUAGE AND CULTURE					
Please rate each of the questions out of 1-5. 1 being none, not at all 3 being some and 5 being lots/all the time.					
	1 None/ not at all	2	3 Some/ sometimes	4	5 Lots/ all the time
Is te reo Māori/Māori language important to you in raising your child(ren)?					
How much do you use te reo Māori/Māori language with your child(ren)?					
Are Māori values, beliefs and practices important to you in raising your child(ren)?					
How often do you put Māori values and beliefs into practice while raising your child(ren)?					
Is involvement in whānau/hapū/iwi/marae/Māori activities important in raising your child(ren)?					
How often are you and your child(ren) involved in whānau/hapū/iwi/marae/Māori activities (please circle)					
Further comments:					

SUPPORT					
Please rate each of the questions out of 1-5. 1 being none, not at all 3 being some and 5 being lots/all the time.					
	1 None/ not at all	2	3 Some/ sometimes	4	5 Lots/ all the time
Is it important to you that you have supports/tautoko to raise your child(ren)?					
Please indicate the level of support you think is important from each of the following:					
Support from whānau (indicate who)					
Support from partner					
Support from friends					
Support from a health professional (who?)					
Support from a Māori person					
Support from someone who works with young people					
Other type of support (please write):					
How important is it that the support you get is provided in a Māori way?					
How important is it that the support you get is provided in a youth friendly way?					
How important is it that the support you get values your role as a parent?					
How would you prefer to get information about supports for parents? For example People, Books, Pamphlets, Internet, Texting, Phone call, Activity, Course, Workshop (please circle)					
Further comments:					

Appendix N: Interview schedule

Draft interview schedule for young Māori parents

Mihimihi and karakia.

Firstly, thank you for agreeing to participate in this doctoral research about supports for young Māori parents and making yourself available for this interview. Previously at the group discussion we completed the consent form and briefly discussed the research and any questions. In this interview I will ask you as a fellow parent to share with me your personal experiences of pregnancy, birth and parenting and the supports you received. I will ask you a question and then let you talk for as long as it takes to answer the question. Please share as much detail as you feel comfortable. I may take notes for myself and ask you to explain some things in more detail if possible. You can decline to answer any question at any time and ask for the recorder to be turned off.

To begin the interview can you please tell me your name, any tribal affiliation and your age, and then your ~~child(ren)~~'s name and their age?

Use prompts and examples in brackets as necessary. Probe to no response.

Pregnancy

We will begin with some questions about pregnancy.

1. Thinking back to when you first found out that you were expecting a baby, how did you feel about your pregnancy and becoming a parent?
2. How did you feel about the mother/father of the child at the time you found out you were expecting a child together and did your relationship change?
3. How did you feel about sharing the news you were expecting a baby with your whānau and friends and how did they react?
4. What type of support did you receive during your pregnancy (~~eg~~ financial, physical, emotional, cultural, spiritual etc) and from whom (~~eg~~ partner, parents, friends, siblings, in-laws, relatives, neighbours etc) and how did you feel about it?
5. Did you see a health professional (~~eg~~ GP/doctor, midwife or other LMC) or any other practitioner or healer (~~eg~~ tohunga, kaumatua, ~~kairongoa~~, ~~kaimirimiri~~, homeopath etc) during your pregnancy? If so how did you feel about the treatment and information you received? Do you think you needed any other information or support?
6. How did you get information about having a baby (~~eg~~ from whom - parents, friends, siblings, in-laws, relatives, neighbours), (from where - internet, books, DVD's, pamphlets, government services, community services, childbirth preparation classes etc) and how did you feel about the information provided?
7. Did you have any complications or illnesses during your pregnancy (such as morning sickness, pre-eclampsia /toxaemia, back pain, significant weight-gain or weight loss, depression, gestational diabetes, anaemia (iron-deficiency), placenta ~~previa~~, low amniotic fluid, premature birth, etc) and how did you deal with it?
8. Did you purposely change anything in your lifestyle while you were pregnant for example diet, exercise, alcohol or drug use, living arrangements, attendance in education or employment situation and why? Did you have support to make this change?

Birth

Now for some questions about labour and birth.

9. Did you have a birth plan or expectations of what labour and birth would be like for you?
10. Did you have any Māori or whānau practices, values or beliefs during your pregnancy or your labour? For example stopped cutting your hair, avoid going to the cemetery, avoid/ate certain foods, waiata, karakia, mirimiri, tōhunga, cutting and keeping of the pito (umbilical cord), keeping of the whenua (placenta) carved/painted container for the placenta, consulting an elder about your baby's name, whānau support etc.
11. How was labour and what type of support did you receive? For example, midwife, obstetrician, GP, dōp(a)/support person, whānau, friends, partner support, etc.
12. Did you have any complications or interventions during birth (eg induced, epidural, breech, forceps, vonteuse/suction cap, c-section, episiotomy, etc), if so how did you feel about the support you received for them?
13. How was your immediate afterbirth care? Overall, how did you feel about the support you received while you were pregnant, in labour and giving birth? Would you be happy with the same support again or what would you change for next time?

Parenting

Now for some questions about parenting.

14. From whom/where did you get information and support to help you look after your child (eg parents, friends, siblings, in-laws, relatives, neighbours, midwives, wellchild/tamariki ora nurse, doctor, plunket, benefit, young parent payment, coffee club/playgroup, government services, community services, childcare services, internet, books, DVD's, hospital nurse, lactation consultant etc) and how did you feel about the support?
15. Where did you live with your new baby, why, who else lived with you and how did you feel about bringing up your baby in that home and community?
16. Did you intend to feed your baby in any particular way (for example breastfeed, express or bottle feed) before they were born and how was feeding for you and your baby (for the first 2 years of their life)?
17. Are there any Māori practices or beliefs (eg name of child, use of te reo Māori, gathering and eating certain food, involvement of/relationship with whānau members, participation at marae, attendance at kōhanga, kapa haka etc) important to you in raising your child(ren)?
18. Overall, were you happy with the support you received to be a parent? What other supports would help you to be the best parent? What was the most beneficial support you received?
19. What do you think were the main issues and challenges for you as a young Māori person bringing up your baby?
20. How did you overcome these challenges?
21. What is one (1) highlight/ most memorable moment of being a parent?
22. Where do you see yourself and your child(ren) in 5 years time?
23. Is there anything else you would like to share with me?

Thank you very much for sharing your experiences of raising your baby (turn off recorder). I really appreciate your time and honesty and treasure the information you have shared. A written account of this interview will be sent to you to check. You will be invited to a group discussion to discuss the key findings of the research.

Appendix O: Ethical approval



Broad, Patsy

Ware, Felicity; Kingi, Te Kani; Kiro, Cindy; Forster, Margaret

26/03/2013

HEC: Southern A Application 13/14 - Application Outcome



Follow up. Completed on Sunday, 21 April 2013.

You replied to this message on 8/04/2013 11:18 AM.

This message was sent with High importance.

13/14 Whānau kōpepe: Young Māori parents experiences of raising a family
Felicity Ware (HEC: Southern A Application 13/14)
Department: School of Public Health; School of Māori Studies
Supervisor: Dr Te Kani Kingi; A/Prof Cindy Kiro; Dr Margaret Forster

The Massey University Human Ethics Committee: Southern A considered the above application at their meeting held on Tuesday 12 March 2013.

Felicity Ware (in person) and Dr Margaret Forster (by teleconference) joined the meeting. After introductions, the following points were noted:

1. The committee thanked the researcher for a well-prepared application.
2. The committee noted that the organisations listed under Q5 are located in Palmerston North whilst the application itself refers to the wider "Manawatu" region. The applicant noted that she had initially made contact with organisations in Palmerston North with which she had an established relationship. Initially, the study was designed to only cover the city of Palmerston North; however, the HRC had expressed an interest in the study covering both city and rural areas. The applicant stated that she would contact groups outside of Palmerston North and engage in a process of consultation.
3. The committee noted that Te Runanga o Raukawa is missing from the list of organisations in Q21. The applicant stated that this was an oversight and that the list would be thoroughly checked.
4. In regard to locations for focus groups and interviews, the committee noted that details of where meetings are to be held should include the wider Manawatu region.
5. In regard to risk of harm and discomfort (Qs 36-39) the applicant stated that she will look at the possibility of having an appropriate third party attend interviews with her (someone who can deal with sensitive situations should they arise and provide advice in regard to support agencies). The supervisor noted that this had not been discussed in detail at this stage but that the suggestion would be taken on board and can be addressed with the wider consultation. The committee noted that this mechanism would need to be thoroughly thought through prior to sessions commencing.
6. The committee questioned whether there would be provision for childcare (young Maori parent focus groups) (refer Q27) and whether participants are able to bring a support person to interviews. The applicant stated that participants are able to bring a support person (to be reflected in the information sheet) and are able to participate as a couple, separately or just one of the parents can participate. In regard to childcare the applicant noted that she is still reviewing what is viable/manageable, e.g. babies can be brought along; however, if over 2 years, another option may need to be sought for participants in the focus group (may need to have more than one focus group, at various times and locations). She also noted that it is possible for children to be managed within the individual interview.
7. In response to a question regarding funding, the applicant stated that she is looking at how funding can be more effective (can it be managed collectively to create more effective services) as most is isolated to individual agencies.
8. The committee noted that the researcher is offering to conduct research in her own home (refer Q28), which breaches the privacy of the researcher – perhaps give further consideration to this. The applicant stated that if she was suggesting interviews be held at the home of individual participants she was of the opinion that her own home should also be considered. The Chair noted that further thought should be given to this as some other locations suggested in the application would be more suitable and this option should be removed if possible. The supervisor noted that further consideration would be given to this.
9. The committee queried how "famous" (role model participants) would be selected and whether participants would nominate someone that they looked up to? The applicant stated that she would review who might be included and then ask participants to nominate the role models from this pool. It was noted the "well known" may be a better descriptor. The Chair noted that this needed to be further outlined in the application form.
10. The supervisor thanked the committee for their time and stated that the committee comments will be considered. The applicant thanked the committee and left the meeting in order for the committee to deliberate.

The application was provisionally approved, subject to the fulfilment of the conditions below to the satisfaction of Dr Brian Finch (Chair).

Please note that the Committee is always willing to enter into dialogue with applicants over the points made. There may be information that has not been made available to the Committee, or aspects of the research may not have been fully understood.

SECTION A

Q5/21/SECTION I

- Refer to discussion point 1 above – ensure that the application form is updated to include detail of likely participation in the wider Manawatu region and consultation undertaken.

Q12/17/19/INFORMATION SHEET

- Refer to discussion point 9 - make the process for recruitment of the role model clear in the documentation.

Q21

- Ensure list of organisations is complete.
- Provide copies of permission letters, when received.

Q27/INFORMATION SHEET

- Refer to discussion point 6 above – how might provision for childcare in the young Maori parent focus groups be managed. Give further consideration and include details in the information sheet.

Q27/28

- Ensure inclusion of possible locations for focus groups and interviews to be held in the wider Manawatu region.

Q28/INFORMATION SHEET

- Disclosure of the researchers home address details may breach the privacy of the researcher. Please reconsider whether interviewing at the home of the researcher is appropriate.

SECTION C

Q36-39/INFORMATION SHEET

- Refer to discussion point 5 – please give further consideration to strategies that may be put in place to manage any possible distress that might arise from recollections that a young parent may have and what support systems are in place. For example, an appropriate third person attending interviews with the researcher who would be in a position to manage any sensitive situations (should they arise) and provide advice in regard to support agencies etc. This detail would need to be outlined in the information sheet to potential participants.

INFORMATION SHEET

- Refer to Qs 12, 27, 28 and 36 above – include relevant details in the information sheet.
- Ensure inclusion of the correct committee approval statement, as follows: *“This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 13/14. If you have any concerns about the conduct of this research, please contact Dr Brian Finch, Chair, Massey University Human Ethics Committee: Southern A telephone 06 350 5799 x 84459, email humanethicsoutha@massey.ac.nz.”*
- Please provide a copy of the amended information sheet.

Please supply to the Secretary, one (1) copy of this email with the reply inserted under each point, plus any amended documents which should clearly identify changes made, e.g. using track changes, italics or bold font. Please ensure that your Supervisor has checked your response before you submit your reply. Do not begin your research until you receive your final letter of approval.

Yours sincerely

Dr Brian Finch, Chair

Massey University Human Ethics Committee: Southern A

Patsy Broad
PA/Research Ethics Administrator
Research Ethics Office
Courtyard Complex, Room 1.25
Turitea Campus
Massey University/Te Kunenga ki Purehuroa
Private Bag 11222
Palmerston North 4442

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